

Agent Name: _____
Last First



Agent Phone Number: _____

Personal Health History Interview Applicant Instructions

Thank you for your interest in our individual medical insurance. In addition to Part 1 that you completed with your agent, this Personal Health History Interview will help us determine eligibility for health insurance. One of our representatives will conduct your interview.

Just follow these easy steps for a quick and accurate interview:

- Choose one adult person who's applying for coverage to contact Fortis Health.
- Use this chart to provide information on all applicants:

APPLICANT(S)	CURRENT HEIGHT & WEIGHT	BLOOD PRESSURE & CHOLESTEROL READINGS	LAST PHYSICIAN VISIT DATE (PAP RESULTS FOR FEMALES)	MEDICAL CONDITIONS IN PAST 10 YRS.	DATES WHEN SPECIFIC MEDICAL CONDITIONS OCCURRED	PHYSICIAN NAMES AND ADDRESSES	TYPES OF TREATMENT & NAMES AND DOSES OF MEDICATIONS

- The caller will need to review the attached Medical Conditions list.** Please review all of the conditions and circle those that apply to each applicant. During your call, the representative will ask when the condition began, if it still exists and what type of treatment was provided.
- Call within 10 days of completing the application form with your agent.** This allows the terms of your Conditional Receipt to be honored.

- Allow 20 minutes for the call.** Interview time may vary based on the number of proposed applicants and the extent of their medical conditions.
- Dial 800-596-0049** to reach a representative for your interview.
- Your agent will contact you** following the interview. Eligible applicants will be asked to attest to the interview information in writing.

***Thank you again for choosing us for your health insurance.
Please keep this form for your records.***

Policies are issued and underwritten by Fortis Insurance Company, a Fortis Health member company, Milwaukee, Wisconsin.

MEDICAL CONDITIONS LIST

Please review the following medical conditions and circle any that you or any person applying for coverage were diagnosed with, received treatment for, or consulted a physician for in the past 10 years. These conditions may be associated with the specific medical category under which they're listed. However, they are examples of the medical category and do not necessarily include all the conditions related to that category. Therefore, if you have a particular illness or condition which does not appear on the list or you are uncertain which category it's associated with, please tell your representative.

Lungs and Respiratory System

Hayfever/allergies	Tuberculosis	Emphysema
Sinus infections	Pneumonia	Sleep Apnea
Asthma	Pneumothorax	Chronic Obstructive Pulmonary Disease
Bronchitis	Other _____	

Ears/Eyes/Nose Disorders

Ear infections	Meniere's	Deviated Septum
Ear tubes	Tinnitus	Cataracts
Hearing loss	Labyrinthitis	Glaucoma
Speech/hearing impairment	Tonsils/adenoids	Other _____

Heart/Circulatory*

High blood pressure	Heart murmur	Elevated Cholesterol
Heart attack	Mitral valve prolapse	Peripheral vascular disease
Chest pain	Phlebitis	Irregular heart beat
Varicose veins	Other _____	

*Please provide the most current date and reading for blood pressure and cholesterol (including HDL, LDL and total cholesterol).

Blood pressure _____
Cholesterol _____

Diabetes/Thyroid

Diabetes	Hypothyroid	Goiter
High blood sugar	Low blood sugar	Hypoglycemia
Hyperglycemia	Hyperthyroid	Other _____

Blood/lymph/anemia

Anemia (type)	Swollen lymph nodes	Lymphadenoopathy
Other _____		

Cancer

Provide location, type of cancer and any treatment received. If you do not know the specific diagnosis, contact your physician for that information.

Tumor/Cyst/Growth

Tumor	Cyst	Polyp
Growth	Other _____	

Breast

Breast Implants	Fibrocystic breast disease	Other _____
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Skin Disorders

Acne	Rosacea	Psoriasis
Skin cancer	Eczema	Other _____

Nervous System Disorders

Unconsciousness	Vertigo	Epilepsy/seizures/convulsions
Paralysis	Multiple Sclerosis	Headaches/Migraines
Cerebral palsy	Bell's palsy	TIA (transient ischemic attack)/brain attack
Stroke/mini-stroke	Parkinson's disease	Other _____

Mental/Nervous Disorders

Emotional disorder	Anxiety	Depression
Anorexia	Bulimia	Attention Deficit Disorder
Schizophrenia	Panic Attacks	Obsessive Compulsive Disorder
Dysthymia	Insomnia	Oppositional Deviant Behavior
Other _____		

Digestive Disorders

Ulcer	Gastritis	Heartburn
Intestinal disorder	Colitis	Gallbladder
Crohn's	Ulcerative colitis	Irritable Bowel Syndrome
Hemorrhoids	Hernia	Pancreas disorder
Spleen disorder	Liver disorder	Hepatitis
GERD	Jaundice	Cirrhosis
Other _____		

Bone/Muscle/Connective Tissue Disorders

Arthritis	Gout	Carpal tunnel syndrome
Low back pain	Fractures	Lupus/Systemic lupus erythematosus (SLE)
ACL tear	Spinal fusion	Joint replacement
Back/spine disorder	Manipulation therapy	Muscular/Neuromuscular disorder
Osteoarthritis	Herniated disc	Degenerative joint disease
Scoliosis	Sprain/Strain	Bunions
Bursitis/Tendonitis	Chronic Fatigue Syndrome	Other _____

Fixation /Prosthetic Device

Plates	Screws	Pins
Implants	Breast implants	Shunts
Pacemaker	Valve replacement	Joint replacement

Urinary System Disorders

Kidney stones	Cystitis	Bladder infections
Prostatitis	Glomerulonephritis	Nephritis
Kidney disorder	Other _____	

Reproductive System Disorders

Penis	Testes	Vagina
Ovaries	Cervix	Uterus
Infertility	Irregular Menses	Uterine fibroids
Endometriosis	Ovarian cyst	Sexually transmitted diseases (STDs)
Rectocele	Cystocele	Prolapsed uterus
PMS	Polycystic ovarian disease	Benign Prostatic Hypertrophy
Other _____		

Complications of Pregnancy

Ectopic pregnancy	Miscarriage	Pre-eclampsia
Gestational diabetes	Pre-term labor	C-section
Other _____		

Pap Smear (date of exam and results)

Cervical dysplasia	Cervicitis	Atypical squamous cells (ASCUS)
Inflammation	Cervical cancer	Other _____

Immune Deficiency

Swollen lymph nodes	Loss of appetite	Weight loss
Chronic fatigue	Fever	Oral thrush
Skin rashes	Unexplained infections	Dementia
Depression	Pneumonia	Psychoneurotic disorders

Congenital Disorders/Birth Defects/Developmental Disorders

Down syndrome	Mental retardation	Autism
Cleft lip/palate	Club foot	Congenital heart defects
Speech therapy	Occupational therapy	Physical therapy
Other _____		

Diagnostic Testing

EKG (electrocardiogram)	Chest x-ray	Echocardiogram
Stress test	Angiogram	MRI
CT scan	Ultrasound	Mammogram
Colonoscopy	EGD (endoscopy)	Holter monitor
EEG	Bone density	Urinalysis
Blood test	Other _____	

Hazardous activity

Participation in any hazardous activity:

Automobile racing	Motorcycle racing	Powerboat racing
Skydiving	Ultralight flying	Scuba diving
Hang gliding	Rodeo participation	

Driving record

Any adverse driving history:

DUI (past 5 years)	Moving violations (past 2 years)	Speeding
Reckless driving		

Dates _____

Types of Violations _____