



## Adrenal Insufficiency (including Addison's Disease)

- Ask "Rx" pert underwriter (*ask our experts*)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has adrenal insufficiency or Addison's disease, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_
2. Is your client on any medications?  
 yes, please give details \_\_\_\_\_  
 no
3. Has your client ever been hospitalized for Addison's disease or secondary adrenal insufficiency?  
 yes, please give details \_\_\_\_\_  
 no
4. Has your client been prescribed steroids for any other illness?  
 yes, please give details \_\_\_\_\_  
 no
5. Has your client smoked cigarettes in the last 12 months?  
 yes, please give details \_\_\_\_\_  
 no
6. Does your client have any other major health problems (ex: cancer, etc.)?  
 yes, please give details \_\_\_\_\_  
 no

*After reading the Rx for Success on Primary Adrenal Insufficiency including Addison's Disease, please feel free to use this Ask "Rx" pert underwriter for an informal quote.*

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

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