RACCUGLIA FINANCIAL BROKERAGE, Inc.
"Commitment to Integrity & Service"
7270 W. 98th Terr. Suite 120 Overland Park, Ks. 66212 913-385-9050 800-842-7324 Fax: 913-385-9055
QUICK QUOTE TO: quickquote@rfb-inc.com or fax: 913-385-9055

Agent / Agency: _____Phone: _____fax : _____
Email address: _____ State: _____

Client Name: _____M.____ F____ State:_____ DOB_____
Height: _____Weight:_____Tobacco:___Y___N TYPE:_____Insurance Amt:_____

Diabetes: Type I____Type II____ When Diagnosed: _____ Oral med._____ Insulin:_____
If Insulin: _____units per day A1c reading: _____Approx. date: _____
Impairments: _____Eyes _____Neuropathy_____Amputations _____Skin ulcerations____ Protein in urine

Heart Disease: When diagnosed: _____Heart Attack:____Y_____N Mild or Mod. _____
ByPass Surgery: ____Y_____N How many vessels:_____ AngioPlasty:____Y____N #Stents placed:_____
Conditions preceding procedure: ____Heart attack____Chest pain____Irreg. EKG_____Extreme fatigue:
Approx. Date of Last Stress Test: _____

Cancer: When Diagnosed:_____ Type: _____ Treatment:_____
Prostate: Stage: _____ Gleason Score:_____ Current PSA reading:_____
Skin Cancer: Type:_____ Stage: _____ Clark's level:_____(if Melanoma)
Breast Cancer: Stage:_____Treatment:_____Lymph Node:____Y_____N
Approximate date of last treatment: _____ (NOTE: Secure Pathology Report if possible)

Stroke: Date: _____ Cause: _____Treatment:_____
If Carotid Artery: Surgery:_____Y_____N If yes, Date: _____ Percent of blockage:_____
Residuals: _____Y_____N Slurred Speech:____Y____N Loss or Restriction of Limb use:____Y_____N
Number of Strokes in past 24 months: _____none _____One _____two or more

Depression: When diagnosed:_____Situational:____BiPolar ____ Anxiety___PTSD____
Suicide attempts:?_____Y_____N Hospitalized?___Y____N If so, Date & how long: _____
Currently seeing Therapist:____Y____N Frequency: _____ Last Visit:_____
Currently able to work: ___Y____N

Pain: Diagnosed:_____Cause:_____Location of pain:_____
Treatment:_____ Medication(s):_____

Other Impairments (Describe with as much information as possible): _____
_____
_____

All Current Medications: _____
_____
_____