Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 x3413 Fax (847) 615-4954

Surgery Questionnaire

Proposed Insured: Birthdate:
Address: Employee:
Employer:
Home Phone: Cert.#:
Work Phone:

1. Name, address and phone number of your doctor:_____

_____

2. Date last seen prior to application **sign date** :_____

3. Current height and weight: _____

4. List all medications you are currently taking: _____

_____

5. List all conditions for which you are currently seeing a doctor:_____

_____

6. What was the exact diagnosis prior to surgery? What was the date of surgery?_____

_____

7. Are you currently on a treatment program?_____

8. Have there been any complications?_____

9. Are you fully recovered?_____

10. Has any further surgery been planned?_____

_____ _____
Signature of Proposed Insured Date