**VITAL INFORMATION FORM (LIFE COVER)**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| **Name:** |  |  |
| **Date of Birth:** | **/** **/** | **/** **/** |
| **Gender:** | **Male / Female** | **Male / Female** |
| **Marital Status:** |  |  |
| **No. of Dependants:** |  |  |
| **Occupation:** |  |  |
| **Smoker:** | **Yes / No** | **Yes / No** |
| **Stopped smoking in last 12 months?** | **Yes / No** | **Yes / No** |
| **Height:** |  |  |
| **Weight:** |  |  |
| **Do you partake in any hazardous activities?** | **Yes / No** | **Yes / No** |
| **If yes, what activities?** |  |  |
| **Units of alcohol consumed in a week?** | **Wine: units**  **Beer: units**  **Other: units**  **Don’t drink □** | **Wine: units**  **Beer: units**  **Other: units**  **Don’t drink □** |
| **Brief medical history:** |  |  |
|  |  |
|  |  |
|  |  |
| **Regular medication:** |  |  |
|  |  |
|  |  |
|  |  |
| **Family medical history:** |  |  |
|  |  |
|  |  |
|  |  |
| **Existing life policies:** |  |  |
|  |  |
|  |  |
|  |  |
| **Type of protection cover interested in:** | **Life / CI / Income Protection / Family Income Benefit / ASU** | **Life / CI / Income Protection / Family Income Benefit / ASU** |