

**Personal Medical Information**

**Notes on Medical History**

Illness or Disorder \_\_\_\_\_

Date/Diagnosis \_\_\_\_\_

Treatment/Medication \_\_\_\_\_

Additional Information \_\_\_\_\_

Physician Name, Address and Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Present Medications**

Name \_\_\_\_\_

Dosage \_\_\_\_\_

Reason \_\_\_\_\_

Name \_\_\_\_\_

Dosage \_\_\_\_\_

Reason \_\_\_\_\_

**Appointment Time/Date/Place**

\_\_\_\_\_

**Personal Physician**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Date Last Seen \_\_\_\_\_

Reason for Visit \_\_\_\_\_

\_\_\_\_\_

**Notes on Medical History**

Illness or Disorder \_\_\_\_\_

Date/Diagnosis \_\_\_\_\_

\_\_\_\_\_

Treatment/Medication \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name, Address and Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What you should know about your Insurance Paramedical Examination...**



## Dear Insurance Applicant:

As part of your application for insurance, a brief physical exam is required. This exam will be completed by a professional paramedical examiner from American Para Professional Systems.

APPS is a national paramedical company approved by over 800 insurance companies. You can be assured that APPS examiners are highly trained medical professionals who will handle your exam in a courteous and discreet manner.

## WHEN AND WHERE

A representative from APPS will contact you shortly to schedule an appointment at your earliest convenience. The exam may be performed at your home, your office, our office or other appropriate place. There is no undressing required. The exam should take approximately 20 to 30 minutes. Allow an additional 20 minutes if an EKG is required.

## EXAMINATION

- A. Medical History - please refresh your memory regarding doctor's names and address, date of and reasons for visits, diagnosis and results. The same information is required for any hospitalizations and prescription medication.
- B. Height and Weight - we weigh by scale and measure height with both clothes and shoes on.
- C. Girth Measurements - males only, we measure the chest upon inspiration and expiration, and the waist at the umbilicus.
- D. Blood Pressure - taken while at rest.
- E. Pulse - taken for one minute at rest.
- F. A urine specimen is required for all exams. Please drink a glass of water one hour prior to the exam.

## BLOOD TESTING

If a blood specimen is needed, blood will be drawn from your arm or your finger as required by the insurance company. Only **STERILE** disposable needles and supplies are used to withdraw your blood specimen. The blood sample will be sent for processing to a laboratory designated by the insurance company. The insurance company gives instructions to the laboratory regarding specific tests to be completed for underwriting purposes. The results of the test will be sent directly to the insurance company - not the paramedical company.

In many cases, you will also be asked to sign an HIV Testing Consent form at the time of the blood draw.

## ELECTROCARDIOGRAM (EKG)

An EKG is a recording of the electrical impulses associated with cardiac contraction and relaxation. An EKG is a painless procedure. Electrodes must be placed on bare skin on your chest, upper arms and lower legs. You will need to lie flat in a relaxed position so that an accurate recording can be made.

## CONFIDENTIALITY

All information obtained during the examination is strictly confidential for insurance purposes only.

## EXAMINERS

Examiners are trained medical professionals. Their sole responsibility is to obtain accurate information for the insurance company to evaluate. APPS examiners will not interpret any data they collect, e.g., blood pressure too high, etc. These questions are better asked of your family physician.

**503-906-1234**

Portland

**866-221-1234**

Oregon/Washington

**[www.appsnw.com](http://www.appsnw.com)**



## HERE ARE A FEW SUGGESTIONS

To save time and obtain accurate results, please follow these suggestions.

1. Please have available all your physicians' names and addresses as well as dates and reasons for past visits, especially those within the last five years. Be as complete as possible. Use the space provided on the back of this brochure.
2. Be aware that stress, caffeine, nicotine and some prescription and non-prescription medications can temporarily raise blood pressure and pulse.
3. Please drink a glass of water one hour or so before your exam. This will help you to obtain a urine specimen while the examiner is present.
4. Do not smoke for at least one hour before your exam.
5. Avoid a heavy exercise program or activity one hour prior to exam. Strenuous activity may result in inaccurate urine/blood test results.
6. Avoid alcoholic beverages for at least 24 hours prior to the exam.
7. Be sure to tell your examiner about any medications you are taking, even non-prescription medicines, and any current illness or fever.
8. **In many cases, a fasting blood sample is required. You will be instructed how long to fast. In all cases you should not eat at least 4 hours prior to the examination.** During that period, you may consume water.
9. Have identification available, a picture drivers license is preferred.
10. If you have any hypertensive tendencies, morning exams are usually best. Take medication if applicable.
11. Your place of business may not be the most conducive location for the exam since you may be under stresses related to business. We suggest scheduling the exam during a calm portion of the day.
12. Please try to relax for at least one hour prior to the exam. At times, examiners will arrive only to find the applicant doing something very physical, such as mowing the lawn or working out.
13. If you are unable to keep your scheduled appointment, please call the APPS office at 503-906-1866 or 866-221-1234.