



Questionnaire For: Pulmonary Disease

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/___
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. Type of lung disease
 Chronic bronchitis
 Emphysema
 Restrictive lung disease
 Asthma
2. Please list date when first diagnosed _____
3. Has the client ever been hospitalized for this condition? Yes No
If yes, please give date _____
4. Has the client ever smoked?
 Yes, and currently smokes _____ (amount/day)
 Yes, smoked in the past but quit _____ (date)
 No, never smoked
5. Is your client on any medication or an inhaler for the disease? Yes No
If yes, please give details _____
6. Has the client had a recent pulmonary function (breathing test)? Yes No
If yes, please give results _____
7. Does the client have any abnormalities on an ACG or X-ray? Yes No
If yes, please detail _____
8. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No
If yes, please detail _____
9. Does the client exercise three or more times per week? Yes No
If yes, please detail _____

10. Client's occupation _____

11. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____