Cenco Insurance Marketing Corporation
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Questionnaire For: Sleep Apnea

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. Has the proposed insured used tobacco in any form in the last: ( ) 12 ( ) 24 ( ) 36 ( ) 48 ( ) 60 months. What Form? _____

2. In the past 12 months, have you lost or gained more than 10 lbs? _____

1. Date of onset of Sleep Apnea? _____
   Oxygen saturation percentage determined from sleep study?
   [ ] Severe (below 60%)
   [ ] Intermediate (60-80%)
   [ ] Less Severe (80% or above)

4. Provide details of what type of treatment was given such as the breathing machine CPAP (Continuous Positive Airway Pressure):_____
   _____

5. High Blood Pressure is common among patients with Sleep Apnea.
   Date of onset of B/P? _____
   Highest readings: _____ Date: _____
   Current reading: _____ Date: _____

6. Provide details of medication: Type: _____
   Dosage: _____
   Frequency: _____

7. Are there any associated conditions or other health problems? _____
   _____

FAMILY HISTORY

Family Member	Age If Living	State of Health or Cause of Death	Age at Death
Father			
Mother			
Siblings			