

LUNG DISEASE

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: _____

2. Type of lung disease:

Interstitial lung disease; type _____

Chronic bronchitis

Emphysema

Asthma

3. Was a biopsy done? No Yes

4. Has client improved since diagnosis? No Yes

5. Has client ever been hospitalized for this condition? No Yes; please give details

6. Has client ever smoked?

Yes; currently smokes _____ (amount/day)

Yes; smoked in the past but quit _____ (date)

Never smoked

7. Have pulmonary function tests (breathing test) ever been done? No Yes; please give most recent test results

8. Does client have any abnormalities on an ECG or X-ray? No Yes; please give details

9. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Are there any other health problems? (additional questionnaires may be required) No Yes; please give details

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: _____ Date: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: _____ Height: _____' _____" Weight: _____	

1. Has the proposed insured had relative(s) with any of the following:

Parent

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

Brother

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

Sister

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information
