SARCOIDOSIS

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 first diagnosis: ______________________________

2. Was a biopsy done? ☐ No ☐ Yes

3. Stage: ______________________________

4. How was the sarcoid treated? ☐ No treatment ☐ Prednisone

5. Date treatment was completed: ______________________________

6. What organs were involved? (check all that apply)

☐ Lung ☐ Kidney ☐ Heart ☐ Central nervous system

☐ Liver or spleen ☐ Skin ☐ Eyes ☐ Lymph nodes

8. Give results of the most recent pulmonary function tests:

FVC ____

FEV1 ____

9. Has there been any evidence of recurrence/progression? ☐ No ☐ Yes; please give details

____

____

10. Is client taking any medication, including inhalers? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

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

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FAMILY HISTORY (ADDENDUM)

CLIENT NAME: ____ **Date:** _____________________

☐ Male ☐ 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

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