

Pulmonary/Lung Disease Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

1. Type of lung disease: _____

Asthma- Date diagnosed: _____ Chronic Bronchitis (COPD)- Date diagnosed: _____

Emphysema- Date diagnosed: _____ Restrictive lung disease- Date diagnosed: _____

2. Have you been hospitalized for a lung disease? NO Yes- Details: _____

3. What were your last pulmonary function test results? None performed

Last pulmonary function test results- Date: _____ FVC% _____ FEV1% _____

4. Have you had any abnormalities on: Chest x-rat EKG Stress EKG- Details _____

5. Current medication (including inhalers) or treatments for lung condition? _____

General Questions

1. Do you have any other major health problems? No Yes- Details: _____

2. List all medications: _____

3. Height: _____ Weight: _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2004. By Fredric Berger. All rights reserved.