CHRONIC OBSTRUCTIVE PULMONARY DISEASE QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of diagnosis: _____

(2) Type of lung disease diagnosed with Chronic Obstructive Pulmonary Disease (COPD):

❒ Asthma ❒ Chronic Bronchitis ❒ Emphysema ❒ Restrictive lung disease ❒ Other: _____

(3) Has the proposed insured ever been hospitalized for the condition? ❒ No ❒ Yes Date(s): _____

(4) Is the proposed insured taking medications (incl. inhalers and oxygen)? ❒ No ❒ Yes If yes, please give details:

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

(5) Has a pulmonary function test (breathing test) ever been done? ❒ No ❒ Yes

If yes, please provide most recent date: _____ Are any test results known? _____

(6) What is the proposed insured's build? Height:_____ Weight: _____

(7) Has a Chest X-ray been done? ❒ No ❒ Yes Date: _____ Findings: _____

(8) Has a ECG been done recently? ❒ No ❒ Yes Date: _____ Findings: _____

(9) Are there any other medical conditions affecting the proposed insured? If yes, please describe in detail below:

_____

_____

_____

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