# Pulmonary Function Questionnaire

Agent:_________________________Phone:____________________Fax:_______________

Proposed Insured:_________________________M__F__ DOB:___________________

Face Amount:_____________________Plan:______________________________

Do you currently smoke cigarettes? Yes_____ No_____

If no, did you ever smoke: Never_____ Quit(date)_______
Do you use other tobacco products: Yes____No____ if yes, specify___________
Date last used any tobacco product________________Type used_____________

Type of lung disease diagnosed:

_____Asthma
_____Bronchitis
_____Chronic Obstructive Pulmonary Disease (COPD)
_____Emphysema

Date of Diagnosis:_________________

Has pulmonary function testing been done: Yes_____No_____
If yes, provide most recent date:_______________
Type of test done:
_____Timed Vital Capacity (TVC)
_____Forced Expiratory Volume (TVC)
_____Other (explain)

Results:_________________________________________________________________

Insured's build: Height_____________Weight_________________

Has chest x-ray been done:_____yes _____no

If yes, date:_______________Findings:_____________________________________

Are there any other medical conditions. If yes, describe below: