Underwriting Questionnaire

Chronic Obstructive Pulmonary Disease (COPD)



Producer Name	Phone	Date		
Client Name	Date of Birth			
☐ Male ☐ Female Face Amount		Max Premium \$	/yr.	
☐ Term ☐ Permanent Has the client	ever used any form of tobac	co (cigarettes, cigars, pipe, s	nuff, etc.)? □Yes	□No
Frequency	Date of last use	Ty	pe	
Date of diagnosis				
Type of lung disease diagnosed Asthma Chronic I Emphysema Restrictiv Other	e lung disease			
Has the client ever been hospitalized for this co				
Has a chest x-ray been done ☐Yes ☐No	If yes, provide date	Results		
Has an ECG been done recently □Yes □No	o If yes, provide date	Results		
What is the client's build Height	Weight			
Is the client using oxygen? ☐Yes ☐No If	yes, provide date(s)			
Name of Medication (prescription or oth	erwise) Dates U	sed Quantity Ta	aken Freq	quency Taken

List any other major health problems the client has:



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