

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 tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

Type of lung disease diagnosed

- Asthma Chronic bronchitis
 Emphysema Restrictive lung disease
 Other _____

Has the client ever been hospitalized for this condition Yes No If yes, provide date(s) _____

Has a pulmonary function test (breathing test) ever been done Yes No If yes, provide most recent date and test results below

Has a chest x-ray been done Yes No If yes, provide date _____ Results _____

Has an ECG been done recently Yes No 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 otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: