

# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

## FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
**If yes, use separate sheet to provide this information, including age of onset and date of death**

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. What is the type of lung disease?

Chronic bronchitis  Emphysema  Restrictive lung disease  Asthma

2. Date first diagnosed: \_\_\_\_\_

3. Has your client ever been hospitalized for this condition?  No  Yes; please give details \_\_\_\_\_

4. Has your client ever smoked?

Yes, and currently smokes \_\_\_\_\_ (amount per day)  Yes, smoked in the past but quit \_\_\_\_\_ (date quit)

Never smoked

5. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Have pulmonary function tests (a breathing test) ever been done?  No  Yes; please give details \_\_\_\_\_

7. Client's build: Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

8. Does your client have any abnormalities on an ECG or X-ray?  No  Yes; please give details \_\_\_\_\_

9. Does client have any other major health issues (heart disease, etc.)? (additional questionnaires may be required)

No  Yes; please give details \_\_\_\_\_

# FAMILY HISTORY (ADDENDUM)

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

1. Has the proposed insured had relative(s) with any of the following:

Parent

Has had:  Cancer  Diabetes  Stroke  Heart disease  Committed suicide  Other (explain below)

Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_

Brother

Has had:  Cancer  Diabetes  Stroke  Heart disease  Committed suicide  Other (explain below)

Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_

Sister

Has had:  Cancer  Diabetes  Stroke  Heart disease  Committed suicide  Other (explain below)

Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_

2. If yes to any of the above, please provide details/information

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