MEDICAL HISTORY QUESTIONNAIRE: COPD

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never
☐ Former Date Stopped: _____
☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. What is the type of lung disease?

☐ Chronic bronchitis ☐ Restrictive lung disease
☐ Emphysema ☐ Asthma

3. Has your client ever been hospitalized for this condition?

☐ No ☐ Yes; please provide 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. Have pulmonary function tests (a breathing test) ever been done?

☐ No ☐ Yes; please provide details

6. Does your client have any abnormalities on an ECG or X-ray?

☐ No ☐ Yes; please provide details

7. Please list current medications

Name of Medication	Dosage	Reason

8. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: