



PULMONARY DISEASE
PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height:

Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has a Chronic Pulmonary (lung) Disease, please answer the following:

LUNG HISTORY

1. Which type of lung disease?

- Chronic bronchitis
Emphysema
Restrictive lung disease
Asthma
COPD- are you currently using a CPAP machine?

2. What was the date of the initial diagnosis?

3. Has your client ever been hospitalized for this condition? Yes No

If yes, please give details:

4. Has your client ever smoked?

- Yes, and currently smokes (amount/day)
Yes, smoked in the past but quit (date)
Never smoked

5. Has a pulmonary function test (a breathing test) ever been done? Yes No

If yes, please give most recent test results:

6. Does your client have any abnormalities on an ECG or x-ray? Yes No

If yes, please give details:

CURRENT STATE

7. Please list current medications (including inhalers):

8. Does your client have any other major health problems (ex: heart disease, etc.)? Yes No

If yes, please give details:

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:
Advisors Financial Group
5904 Six Forks Rd., Suite 105 | Raleigh, NC 27609
Phone 800-334-1217 | Fax 919-844-2310
Support@AFG.email
www.underwritemycase.com