Chronic Obstructive Pulmonary Disease Questionnaire

Agent: Phone: Fax:

Proposed Insured Name: _____ ☐ M ☐ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ☐ UL ☐ WL ☐ Term ☐ Survivorship
Do you currently smoke cigarettes? ☐ Y ☐ N If no, did you ever smoke: ☐ Never ☐ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ☐ Y ☐ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of diagnosis: _____

(2) Type of lung disease diagnosed with Chronic Obstructive Pulmonary Disease (COPD):

☐ Asthma ☐ Chronic Bronchitis ☐ Emphysema ☐ Restrictive lung disease ☐ Other: _____

(3) Has the proposed insured ever been hospitalized for the condition? ☐ No ☐ Yes Date(s): _____

(4) Is the proposed insured taking medications (incl. inhalers and oxygen)? ☐ No ☐ Yes If yes, please give details:

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

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

If yes, please provide most recent date: _____ Are any test results known? _____

(6) What is the proposed insured's build? Height:_____ Weight: _____

(7) Has a Chest X-ray been done? ☐ No ☐ Yes Date: _____ Findings: _____

(8) Has a ECG been done recently? ☐ No ☐ Yes Date: _____ Findings: _____

(9) Are there any other medical conditions affecting the proposed insured? If yes, please describe in detail below:

_____

_____

_____

_____

65 Madison Avenue, Suite 200, PO Box 1940, Morristown, NJ 07945-1940 973.539.3232 Fax: 973.539.3737

MADISON BROKERAGE