Underwriting Questionnaire

Sarcoidosis



Producer Name	Phone	Date	\
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount	Ma	ax 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	How diagnosed (e.g. x-ray)		
Was the condition staged ☐Yes ☐No	If yes, select appropriate stage	□Stage I □Stage II	□Stage III
Describe current symptoms			
Treatment			Date
Has there been any organ involvement ☐Yes ☐Lung ☐Lymph nodes ☐Kidney ☐Other	□Eyes □He		□Central nervous system
Any recurrence □Yes □No If yes, provi	de date(s)		
Select degree of obstruction on most recent pour Mormal Mild	ulmonary function testing:]Moderate		
Name of Medication (prescription or oth	erwise) Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:



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