

# Underwriting Questionnaire

## Sarcoidosis



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max 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  No If yes, select all affected

Lung  Lymph nodes  Kidney  Eyes  Heart  Liver  Central nervous system  
 Other \_\_\_\_\_

Any recurrence  Yes  No If yes, provide date(s) \_\_\_\_\_

Select degree of obstruction on most recent pulmonary function testing:

Normal  Mild  Moderate  Severe

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: