SARCOIDOSIS 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: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) Date of initial diagnosis: _____ ***How was the sarcoidosis diagnosed (e.g. by x-ray)?*** _____

(2) Was the condition staged? If yes, please check the appropriate stage: ❒ Stage I ❒ Stage II ❒ Stage III

(3) Describe current symptoms, if any: _____

_____

(4) Was there (is there) any treatment for the condition? If yes, describe: _____

_____ ***Date of last treatment:*** _____

(5) Has there been any organ involvement? ❒ No ❒ Yes; please check *all* that were (are) affected:

❒ Lung ❒ Lymph Nodes ❒ Kidney ❒ Eyes ❒ Heart ❒ Liver ❒ Central Nervous System

❒ Other: _____

(6) Has there ever been a recurrence? ❒ No ❒ Yes; list approximate dates of any recurrent episodes:

_____

(7) Please provide the results of the most recent pulmonary function tests, if available: FVC _____ FEV1 _____

(8) Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:

_____

_____

_____

(9) Does the proposed insured take any medications or have any been taken in the past to treat the sarcoidosis? If yes, please list:

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

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