

MEDICAL HISTORY QUESTIONNAIRE: SARCOIDOSIS

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term UL Survivor Face Amount: _____ Coverage Amount: _____ Anticipated Premium: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of first diagnosis: _____ 2. Was a biopsy done? Yes No

3. Stage: _____

4. How was the sarcoid treated? No Treatment Prednisone

5. Date treatment was completed: _____

6. What organs were involved? Lung Kidney Skin Central Nervous System
 Liver or Spleen Heart Eyes Lymph Nodes

7. Give results of most recent pulmonary function tests: FVC: _____ FEV1: _____

8. Has there been any evidence of recurrence/progression? Yes No

If yes, please provide details:

9. Please list current medications

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details:

Family History -

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset & date of death.