



SPINAL CORD INJURY (PLEGIC)

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

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 and date of death

| PROPOSED INSURED'S EXISTING INSURANCE | | | |
|---------------------------------------|-------------|-------------|---------------------------|
| Full Name of Company | Face Amount | Year Issued | Is Policy to be Replaced? |
| | | | |
| | | | |

1. Date of diagnosis: _____

2. At what spinal cord level was the injury? (list specific vertebrae, if available)

Cervical spine _____

Thoracic spine _____

Lumbrosacral spine _____

3. Note current level of function:

Incomplete paraplegia Complete paraplegia

Incomplete quadriplegia Complete quadriplegia

4. Have any of the following occurred? (check all that apply)

Pneumonia

Skin ulcers

Urinary tract infection

Kidney impairment

Depression

5. Is client taking any medication, including inhalers? (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|-------------------------------|--------|--------|
| | | |
| | | |
| | | |

6. Are there any other health problems? (additional questionnaires may be required) No Yes; please give details

