NAILBA
NAILBA University

EMPHYSEMA

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 ☐ Disability **Coverage Amount:** ________________________

Annual Income:_____________________ **Occupation/Job duties:** _______________________ **State of Residence:** ___________________

Anticipated Premium: ________________________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by 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. What is the cause? ☐ Asthma ☐ Occupation ☐ Smoking

2. What is the degree of severity? ___________________________________

3. Does client use oxygen? ☐ No ☐ Yes

4. Has client ever been hospitalized? ☐ No ☐ Yes; please give details

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5. Have pulmonary function tests been done? ☐ No ☐ Yes; what were the results?

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6. Are there any restrictions of activities? ☐ No ☐ Yes; please give details

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7. Is client on any medications? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

8. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

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