



SPINAL CORD INJURY-PARALYSIS

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. 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
