



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Chronic Obstructive Pulmonary Disease - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a chronic pulmonary (lung) disease, please answer the following:

1. Type of lung disease:

- chronic bronchitis
- emphysema
- restrictive lung disease
- asthma

2. Please list date when first diagnosed: _____

no

3. Has your client ever been hospitalized for this conditio

yes, please give details _____

no

4. Has your client ever smoke

- yes, and currently smokes _____ (amount/day)
- yes, smoked in the past but quit _____ (date)
- never smoked

5. Is your client on any medications (include inhalers

- yes
- no

6. Have pulmonary function tests (a breathing test) ever been don

yes, please give most recent test results _____

no

7. Please note clien s build:

Height _____ Weight _____

8. Does your client have any abnormalities on an ECG or x-ra

yes, please give details _____

no

9. Does your client have any other major health problems (ex: heart disease, etc.

yes, please give details _____

no