



# J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

## Obstructive Sleep Apnea - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has sleep apnea, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_

2. Please note date of most recent sleep study and attach a copy of the report. \_\_\_\_\_ (date)

3. Was the sleep apnea diagnosed as:  
obstructive  
central  
unknown

4. How is the sleep apnea being treated?  
observation alone                      weight loss                      other  
C PAP/BiPAP mask                      surgery  
  
please give details \_\_\_\_\_

5. Is your client on any medications?  
yes, please give details \_\_\_\_\_  
no

6. What is your client's weight and blood pressure? \_\_\_\_\_

7. Please check if your client has had any of the following:  
lung disease                      accidents such as motor vehicle accidents  
heart disease                      arrhythmia  
stroke                                  depression

8. Has your client smoked cigarettes in the last 12 months?  
yes  
no

9. Does your client have any other major health problems (ex: cancer, etc.)?  
yes, please give details \_\_\_\_\_  
no