Underwriting Questionnaire Sleep Apnea

Producer Name Pho		ione		Date				
Client Name Date of Birth		of Birth		_				
Male Female Face Amo	ount	Max F	Premium \$	/yr.				
□ Term □ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? □ Yes □ No								
Frequency Date of last use			Туре					
Date of diagnosis	Diagnosed as	Obstructive	Central	Mixed	Unknown			
Severity Severe	Moderate Mild	Client height	ft	in Clien	t weight	_lbs		
Has an overnight sleep study been done Yes No If yes, provide sleep index AHI RDI Lowest oxygen saturation%								
How is the sleep apnea being treated No treatment Medicated Surgery (UPPP) Surgery (tracheotomy)		9						
Does the client have any of the followir Overweight Arrhythmi			□Stroke	Depression	Lung Disease			

Does the client use alcohol Yes No (if yes, describe usage below)

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken	

List any other major health problems the client has:

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