

# Pulmonary Disease Quote Request

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES Complete details please

When were you first told that you had Pulmonary (Lung) Disease? \_\_\_\_\_

Please indicate which condition(s) you have had (Circle all those that are appropriate)  
Chronic Pulmonary Lung Disease Bronchitis Emphysema Asthma Restrictive Lung Disease

Have you been hospitalized for any of these conditions? Y N

If YES, Complete Details and Dates please \_\_\_\_\_

Have you ever smoked? Y N When did you quit smoking? \_\_\_\_\_

Do you use an inhaler? Y N Please indicate medication and Dosage \_\_\_\_\_

Have you had a Pulmonary Function Test (breathing test) Y N

If YES, Complete Results and Dates please \_\_\_\_\_

What have been your recent Blood Pressure readings? \_\_\_\_\_

What has been your recent Cholesterol readings? \_\_\_\_\_

Do you have any abnormalities on an EKG or X-ray? Y N

If YES, Complete Results and Dates please \_\_\_\_\_

Do you have Diabetes? Y N When Diagnosed? \_\_\_\_\_

If YES, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Breast Cancer, Heart Disease or Diabetes? \_\_\_\_\_

If YES, Complete Details please \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787  
You may Fax to: (631) 265-7054 or E-mail to: [vainc@victorson.com](mailto:vainc@victorson.com)