

**QUICK QUOTE FOR SARCOIDOSIS**

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_  
 AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_  
 TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_  
 LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED  
 FAMILY HISTORY –  
 AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_  
 IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH \_\_\_\_\_  
 HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES,  
 PROVIDE RELATION, ILLNESS AND AGE OF ONSET \_\_\_\_\_  
 DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_  
 DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?  NO  YES, DETAILS \_\_\_\_\_  
 DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ RESULTS \_\_\_\_\_  
 DATE OF LAST RESTING EKG \_\_\_\_\_ RESULTS \_\_\_\_\_  
 LAST BLOOD PRESSURE READING (EXAMPLE 140/80) \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE?  NO  YES  
 LAST TOTAL CHOLESTEROL READING AND HDL READING \_\_\_\_\_ / ARE YOU TREATED FOR CHOLESTEROL?  NO  YES

**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

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1. DATE OF DIAGNOSIS \_\_\_\_\_  
 2. WAS A BIOPSY DONE?  YES  NO DETAILS \_\_\_\_\_  
 \_\_\_\_\_  
 3. PLEASE LIST STAGE OF SARCOIDOSIS \_\_\_\_\_  
 4. WHAT TREATMENT WAS PRESCRIBED?:  
 PREDNISON  
 NO TREATMENT  
 OTHER \_\_\_\_\_  
 DATE TREATMENT COMPLETED \_\_\_\_\_  
 5. IS THE CLIENT ON ANY MEDICATIONS?  
 NO  YES, DETAILS \_\_\_\_\_  
 6. PLEASE NOTE WHICH ORGANS WERE INVOLVED (CHECK ALL THAT APPLY):  
 LUNG  SKIN  
 HEART  LYMPH NODES  
 LIVER  KIDNEY  
 SPLEEN  EYES  
 CENTRAL NERVOUS SYSTEM

7. PLEASE GIVE RESULTS OF THE MOST RECENT PULMONARY FUNCTION TEST (PFT):  
 FVC \_\_\_\_\_ FEV1 \_\_\_\_\_  
 DATE \_\_\_\_\_  
 8. HAS THERE BEEN ANY EVIDENCE OF RECURRENCE OR PROGRESSION?  
 NO  YES, DETAILS \_\_\_\_\_  
 \_\_\_\_\_  
 8. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS AND VITAMINS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_  
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