

CUSHING SYNDROME

CLIENT NAME:			Date:		
Male Female Date of birth: Heig	ht:'"	Weight:			
Tobacco Use: 🗆 Never used 🛛 Totally stopped Date s	topped:	Use now Type	of nicotine product:		
Type of Coverage: 🗆 Term 🗆 UL 🗆 Survivor Type of Coverage: 🗆 Term 🗆 UL 🗆 Survivor UL					
Coverage Amount: Anticipated Premium:					
FAMILY HISTORY Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death					
PROPOSE	D INSURED'S EXI	STING INSURANCE			
Full Name of Company Face Amou	Int	Year Issued	Is Policy to be Replaced?		
1. List date(s) of diagnosis and type of coronary artery disease: 2. What evaluation was done? Please give date and results. Image: Im					
4. Has your client been prescribed steroids for any other illness? □ No □ Yes; please give details					
5. Is client on any medications now? (accurate name, dosage, and reason)					
(Accurate) Name of Medication	Dosage	Reason			

(Accurate) Name of Medication	DUSaye	neason

6. Does client have any other health issues? (additional questionnaires may be required) 🗌 No 🗌 Yes; please give details