

SPINAL CORD INJURY (PLEGIC)

CLIENT NAME:			Date:		
☐ Male ☐ Female Date of birth:	nt:'"	Weight:			
Tobacco Use: 🗆 Never used 🗆 Totally stopped Date stopped: 🗆 Use now Type of nicotine product:					
Type of Coverage: Term U			🗆 Term 🛛 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					
PROPOSED INSURED'S EXISTING INSURANCE					
Full Name of Company	Face Amou	nt	Year Issued	Is Policy to be Replaced?	
1. Date of diagnosis:					
2. At what spinal cord level was the injury? (list specific vertebrae, if available)					
Cervical spine					
Thoracic spine					
Lumbrosacral spine					
3. Note current level of function:					
□ Incomplete paraplegia □ Complete paraplegia					
🗆 Incomplete quadriplegia 🔲 Complete quadriplegia					
4. Have any of the following occurred? (check all that apply)					
Skin ulcers					
 Urinary tract infection Kidney impairment 					
5. Is client taking any medication, including inhalers? (accurate name, dosage, and reason)					
(Accurate) Name of Medication		Dosage	Reason		

6. Are there any other health problems? (additional questionnaires may be required) 🛛 No 🖓 Yes; please give details