SLEEP APNEA QUESTIONNAIRE

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CLIENT: NAME _____ [ ] M [ ] F, DATE OF BIRTH _____

AGE_____ HT _____ WT_____ STATE _____

AMOUNT REQ. $_____ MAX. ANNUAL PREMIUM $_____

TYPE OF INSURANCE: [ ] PERM [ ] TERM YRS. LEVEL _____

TOBACCO USE: [ ] NO [ ] YES, DETAIL_____

REPLACING? [ ] NO [ ] YES CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR:_____ COMPANY_____
ACTION_____

AGENT: NAME_____ PHONE_____FAX_____

ADDRESS_____ CITY_____ ST_____ ZIP _____

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1. PLEASE GIVE DATE OF DIAGNOSIS
_____

2. PLEASE NOTE TYPE DIAGNOSED:
[ ] OBSTRUCTIVE

[ ] CENTRAL

[ ] MIXED

3. HAS A SLEEP STUDY, OR STUDIES BEEN COMPLETED?
[ ] NO [ ] YES, PLEASE NOTE DATE (S) OF STUDY(IES):

FIRST STUDY _____

LAST STUDY _____

AND NOTE THE FOLLOWING:

OXYGEN SATURATION LEVEL
_____

APNEA INDEX RESULTS_____

4. WHAT TREATMENT HAS BEEN

7. HAS THE CLIENT EXPERIENCED ANY OF THE FOLLOWING ILLNESSES (CHECK ALL THAT APPLY, AND GIVE DETAILS):

[ ] ARRHYTHMIA, TYPE_____

[ ] OTHER HEART RELATED CONDITIONS, TYPE _____

[ ] ASTHMA, COPD OR EMPHYSEMA, TYPE _____

[ ] DEPRESSION

[ ] OVERWEIGHT, PLEASE CONFIRM HEIGHT AND
WEIGHT _____

8. HAS THE CLIENT SMOKED CIGARETTES IN THE PAST 12 MONTHS:
[ ] NO [ ] YES, PLEASE DETAIL AMOUNT PER DAY AND DATE STOPPED, IF NO LONGER SMOKING:
_____

9. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?
[ ] NO [ ] YES, PLEASE DETAIL

PRESCRIBED (PLEAS CHECK ALL THAT APPLY):

[ ] OBSERVATION ALONE
[ ] WEIGHT LOSS ALONE
[ ] CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE)
MASK IF CHECKED, DATE LAST USED_____

[ ] SURGERY - TRACHEOTOMY OR UVULOPALATOPHARYNGOPLASTY

[ ] MEDICATION, IF CHECKED, PLEASE DETAIL TYPE AND DOSAGE:
_____

5. ARE THERE ANY CURRENT SYMPTOMS:
[ ] NO [ ] YES, PLEASE DETAIL
_____

_____

_____

6. CLIENT'S OCCUPATION
_____

_____

_____

10. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?
[ ] NO [ ] YES, PLEASE DETAIL _____

_____

11. PLEASE LIST ANY OTHER IMPAIRMENTS OR ILLNESSES ; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:
_____

_____

_____

_____

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