



# INSURANCE DESIGNERS

Insurance Designers of Central Texas, LLC

## COPD Questionnaire

12466 Los Indios Trail #100 Austin, TX 78729  
Phone 512-257-9700 FAX 512-257-9701

Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

---

Note: If you are able to fax us at least your three most recent pulmonary function tests, it will help us obtain the most accurate tentative quote.

1. Month and year diagnosed:\_\_\_\_\_ Age at diagnosis:\_\_\_\_\_
2. Was it diagnosed as \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe  
(Please call your doctor and ask for the specific diagnosis if you are not sure).
3. Do you also have a diagnosis of any of the following?  
\_\_\_ Emphysema \_\_\_ Asthma \_\_\_ Chronic bronchitis \_\_\_ Restrictive lung disease
4. What medications do you take, reason, dosage and how often?
5. How often do you see your doctor?  
\_\_\_ Every six months \_\_\_ Every 12 months \_\_\_ Other (explain):
6. Have you ever had any pulmonary function tests? \_\_\_ Yes \_\_\_ No  
If Yes, list dates:
7. When was your most recent chest x-ray and what were the results?
8. When was your most recent resting EKG and what were the results?

9. Has your weight remained stable in the past year? \_\_\_Yes \_\_\_ No  
If no: Lost \_\_\_\_\_ pounds OR Gained \_\_\_\_\_ pounds

10. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
___Smokeless	___daily/monthly/yearly	_____	___Yes ___ No
___Cigarettes	___per day/month/year	_____	___Yes ___ No
___Cigar	___per day/month/year	_____	___Yes ___ No
___Patch/Gum	___per day/month/year	_____	___Yes ___ No