



Sarcoidosis

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ How diagnosed (e.g. x-ray) _____

Was the condition staged Yes No If yes, select appropriate stage Stage I Stage II Stage III

Describe current symptoms _____

Treatment _____ Date _____

Has there been any organ involvement Yes No If yes, select all affected
 Lung Lymph nodes Kidney Eyes Heart Liver Central nervous system
 Other _____

Any recurrence Yes No If yes, provide date(s) _____

Select degree of obstruction on most recent pulmonary function testing:
 Normal Mild Moderate Severe

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.