



## Sleep Apnea

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 \_\_\_\_\_ Diagnosed as  Obstructive  Central  Mixed  Unknown

Severity  Severe  Moderate  Mild

Has an overnight sleep study been done  Yes  No

If yes, provide sleep index AHI \_\_\_\_\_ RDI \_\_\_\_\_ Lowest oxygen saturation \_\_\_\_\_%

How is the sleep apnea being treated

- No treatment  Medicated  Weight loss  CPAP Mask  
 Surgery (UPPP)  Surgery (tracheotomy)  Other \_\_\_\_\_

Does the client have any of the following (if yes, provide details below)

- Overweight  Arrhythmia  Coronary Artery Disease  Stroke  Depression  Lung Disease

Does the client use alcohol  Yes  No (if yes, describe usage below)

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

List any other major health problems the client has:

### Questions?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to [ddahl@mcgillbrokerage.com](mailto:ddahl@mcgillbrokerage.com), [tsimmons@mcgillbrokerage.com](mailto:tsimmons@mcgillbrokerage.com), and [gkay@mcgillbrokerage.com](mailto:gkay@mcgillbrokerage.com).