

PULMONARY DISEASE

Client's Name _____

If your client has a chronic pulmonary (lung) disease, please answer the following:

1. chronic bronchitis
 emphysema
 restrictive lung disease
 asthma

2. Please list date when first diagnosed _____

3. Has your client ever been hospitalized for this condition?
 yes, please give details _____
 no

4. Has your client ever smoked?
 yes, and currently smokes _____ (amount/day)
 yes, smoked in the past but quit _____ (date)
 never smoked

5. Is your client on any medications (include inhalers)?
 yes, please give details _____
 no

6. Have a pulmonary function test (a breathing test) ever been done?
 yes, please give most recent test results _____
 no

7. Please note current height and weight of your client _____

(2)

8. Does your client have any abnormalities on an ECG or X-ray?
 yes, please give details _____
 no
9. Does your client have any other major health problems (example: heart disease, cancer, etc.)?
 yes, please give details _____
 no

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775