

Nashville Brokerage

"Saving You Time, Making You Money"

1827 Old Murfreesboro Pike
Nashville, TN 37217
1.800.578.5469
615.361.0122
615.366.8974 Fax

QUICK QUOTE

Sleep Apnea

JIM BECK

www.nashvillebrokerage.com

Client Name _____ Sex _____ DOB _____ AGE _____ HT _____ WT _____ State _____
Amt. requested \$ _____ Annual Premium \$ _____ Type of Insurance UL _____ Term _____
Tobacco use No _____ Yes _____ Type _____ Amt of Insurance in force _____ Replacement _____
Occupation _____ Marital Status Single Married Divorced Widowed
Family History- Age if still living: Father _____ Mother _____ Brothers _____ Sisters _____
Any deceased? If so give relation, age and cause of death of each _____
Do you exercise regularly? Yes _____ No _____ Details _____
Date of last medical checkup _____ Date of last EKG _____ Results of EKGs _____
Are you treated for Hypertension? Yes _____ No _____ Last Blood Pressure Reading _____/_____
Are you treated for Cholesterol? Yes _____ No _____ Last Cholesterol HDL Readings _____/_____
Agent: Name _____ Phone _____ Fax _____ Email _____
Address _____ City _____ State _____ Zip _____

1 Date of Diagnosis _____

2 Have Sleep Studies been completed?

Yes _____ No _____ Date of study _____

Oxygen Saturation Level _____

Apnea Index (A1) or Respiratory Disturbance Index (RDI)

_____ (Numeric Value)

3 What treatment has been prescribed? (Circle all that apply)

Observation alone, weight loss, CPAP mask (If circled date last used) Surgery, Medication (type and dosage)

4 Are there any current symptoms?

Yes _____ No _____ Details _____

5 Current Height and Weight _____

6 Has the applicant experienced any of the following illnesses
Circle all that apply and furnish details?

Arrhythmia, Type _____

Other Heart Related Condition, Type _____

Asthma, Emphysema, _____

Depression _____

7 List any other illnesses or impairments along with all meds taken. Include dosages and frequency of all medications. If needed please complete any other quick quote forms that may apply.