

QUICK QUOTE FOR PARALYSIS AND SPINAL CORD INJURY

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____

TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

FAMILY HISTORY –
AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET _____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ RESULTS _____

DATE OF LAST RESTING EKG _____ RESULTS _____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____ / ARE YOU TREATED FOR BLOOD PRESSURE? NO YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____ / ARE YOU TREATED FOR CHOLESTEROL? NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. WHAT WAS CAUSE OF PARALYSIS?
 TRAUMA – GIVE DETAILS AND DATE OF OCCURRENCE:

SURGERY – GIVE DETAILS INCLUDING REASON FOR SURGERY AND DATE OF OCCURRENCE:

STROKE (CVA OR CEREBROVASCULAR ACCIDENT) – GIVE DATE OF OCCURRENCE:

OTHER – PLEASE GIVE DETAILS:

2. PLEASE NOTE CURRENT LEVEL OF FUNCTION:
 INCOMPLETE PARAPLEGIA
 COMPLETE PARAPLEGIA
 INCOMPLETE QUADRIPLÉGIA
 COMPLETE QUADRIPLÉGIA

3. IF PARALYSIS FROM INJURY OR TRAUMA, AT WHAT SPINAL CORD LEVEL (LIST SPECIFIC LOCATION IF AVAILABLE; EX. C7-C8):

CERVICAL SPINE _____

THORACIC SPINE _____

LUMBROSACRAL SPINE _____

4. HAVE ANY OF THE FOLLOWING OCCURRED (CHECK ALL THAT APPLY):

- PNEUMONIA
- SKIN ULCERS
- URINARY TRACT INFECTION
- KIDNEY IMPAIRMENT
- DEPRESSION

5. ARE THERE ANY CURRENT SYMPTOMS OR COMPLICATIONS (CHECK ALL THAT APPLY):

- NORMAL BLADDER FUNCTION, OR NEEDS ASSISTANCE
- NORMAL BOWEL FUNCTIONS, OR NEEDS ASSISTANCE
- USES CANE ONLY
- WHEEL CHAIR BOUND
- BED BOUND
- NEEDS ASSISTANCE EATING
- NEEDS ASSISTANCE TO COMMUNICATE

6. IS TREATMENT CURRENTLY PRESCRIBED?
 NO YES, DETAILS _____

7. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS AND VITAMINS TAKEN:

