DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT INFORMATION:**

PROPOSED INSURED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_/\_\_\_\_/\_\_\_\_

MALE FEMALE STATE OF SALE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER COMPANY ACTIONS: RATED TABLE\_\_\_\_ POSTPONED DECLINED - WHEN \_\_\_\_\_\_\_\_\_\_\_ OTHER COMPANY DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS THE PROPOSED INSURED EXPERIENCED ANY CHANGE IN WEIGHT IN THE LAST YEAR?

 NO YES - HOW MUCH?\_\_\_\_\_\_\_\_\_\_ REASON FOR CHANGE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE DIAGNOSED:\_\_\_\_/\_\_\_\_/\_\_\_\_

HAS THE PROPOSED INSURED USED TOBACCO IN THE LAST 12 MONTHS?

 NO YES - PLEASE PROVIDE DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF INITIAL SLEEP STUDY/EVALUATION:\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF LAST SLEEP STUDY/EVALUATION:\_\_\_\_/\_\_\_\_/\_\_\_\_

RESULTS OF MOST RECENT SLEEP STUDY/EVALUATION :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS THE APNEA-HYPOPNEA INDEX (AHI)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAS THE SLEEP APNEA DIAGNOSED AS:  OBSTRUCTIVE  CENTRAL  UNKNOWN

HOW IS THE SLEEP APNEA BEING TREATED?

 OBSERVATION ALONE  WEIGHT LOSS  CPAP/BIPAP MASK SURGERY

 OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THE PROPOSED INSURED IN COMPLIANCE WITH TREATMENT?

 YES NO - PLEASE PROVIDE DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAS THE CONDITION BEEN DIAGNOSED AS:  MILD  MODERATE  SEVERE

IS THE PROPOSED INSURED TAKING ANY MEDICATIONS?

 NO YES - PLEASE PROVIDE DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHAT IS THE PROPOSED INSURED’S BLOOD PRESSURE? \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

DOES THE PROPOSED INSURED HAVE HEART DISEASE OR DIABETES?

 NO YES - PLEASE PROVIDE DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHAT WERE THE ORIGINAL SYMPTOMS THAT LED TO THE DIAGNOSIS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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