FPG
FINANCIAL PROFESSIONALS GROUP

Sleep Apnea Questionnaire

Clear Form

Name DOB Gender Male

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Any history of high blood pressure/ hypertension?	
Provide most recent blood pressure readings:	
Was a sleep study done? If so, provide date and result:	
Is the condition mild, moderate, or severe?	
How is the condition treated? Surgery, C-PAP, mouthpiece, etc?	
If using C-PAP, is the client compliant with use? Provide frequency of use:	
Provide AI (apnea index) or RDI (respiratory distress index), if known:	
Does the client currently smoke or ever smoked? If yes, provide date of last tobacco use:	
Medications currently being taken (provide dosage and frequency):	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

Please return the completed form to your financial professional.

All quotes are tentative, and are NOT BINDING, and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.