



# Cushing Disease Questionnaire

Submit This Form with your application for better informed underwriting

## Client Information

<b>Client Name:</b>				
<b>DOB:</b>	<b>Gender</b>	<b>Height</b>	<b>Weight</b>	<b>Marital Status</b>
<b>Occupation &amp; Length of Employment:</b>				
<b>Tobacco Use</b>	Never Used	Totally Stopped		Current User
		<b>Date Stopped</b>	<b>Type Used</b>	
<b>Type of Coverage</b>	Term	UL	Survivor	<b>Amount \$</b>

## Essential Information

1	Date of Diagnosis			
2	What evaluation was done? Please give date and details	MRI, CT	<i>Date/Details:</i>	
		Urine Test	<i>Date/Details:</i>	
		Blood Test	<i>Date/Details:</i>	
3	Has client been hospitalized for Cushing Syndrome?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If yes, provide details</i>			
4	List current medications (accurate name, dosage and reason)			
5	Has your client been prescribed steroids for any other illness	<input type="checkbox"/> Yes	<i>If yes, provide details</i>	
		<input type="checkbox"/> No		
6	Does the client have any other health issues	<input type="checkbox"/> Yes	<i>If yes provide details:</i>	
		<input type="checkbox"/> No		

**Confidential**

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Date Published: 9/9/2014

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