



## Cushing's Disease Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/ F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

\_\_\_Term 10 15 20 30

\_\_\_UL

1. When was the proposed insured diagnosed with Cushing's disease? \_\_\_\_\_

2. Does the proposed insured experience any of the following symptoms? (Check all that apply)

\_\_\_upper body obesity

\_\_\_rounded face

\_\_\_increased fat around the neck

\_\_\_Thinning arms/legs

\_\_\_Fragile/thin skin

\_\_\_bruises easily

3. Has the proposed insured ever had a rib (and/or) spinal column fracture? \_\_\_Yes \_\_\_No

(If yes, please provide details): \_\_\_\_\_

\_\_\_\_\_

4. What treatments has the proposed had for this condition?

\_\_\_Surgery

Details: \_\_\_\_\_

\_\_\_Medication

Details: \_\_\_\_\_

\_\_\_Other

Details: \_\_\_\_\_

5. Is, the proposed Insured, taking medications for this condition or any other? \_\_\_Yes \_\_\_No

(If yes, please provide name, dosage, and frequency)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

