Hypopituitarism 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 Hypopituitarism?

____

2. What is the cause of Hypopituitarism? (Check all that apply)

___Pituitary tumor ___Infection ___Radiation therapy
___Inflammatory Disease ___Sarcoidosis ___Amyloidosis
___Surgical removal of pituitary tissue ___autoimmune disease ___head inujury
___Tumors of the hypothalamus ___inadequate blood supply to pituitary gland

3. What symptoms do the proposed insured experience? (Check all that apply)

___ Loss of male/female characteristics ___stunted growth ___dwarfism
___Underactive thyroid ___insufficient corticotrophic production

4. How is the proposed insured been treated for this condition:

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____
____

5. Is the proposed insured currently taking any medication for this condition, or any other?
___Yes ___No (If yes, please provide names, dosage, and frequency):

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____
____

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