

# SPINAL CORD INJURY (PLEGIC)

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
*If yes, use separate sheet to provide this information, including age of onset and date of death.*

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

- Date of diagnosis: \_\_\_\_\_
- At what spinal cord level was the injury? (list specific vertebrae, if available)
  - Cervical spine \_\_\_\_\_
  - Thoracic spine \_\_\_\_\_
  - Lumbrosacral spine \_\_\_\_\_
- Note current level of function:
  - Incomplete paraplegia  Complete paraplegia
  - Incomplete quadriplegia  Complete quadriplegia
- Have any of the following occurred? (check all that apply)
  - Pneumonia
  - Skin ulcers
  - Urinary tract infection
  - Kidney impairment
  - Depression
- Is client taking any medication, including inhalers? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

- Are there any other health problems? (additional questionnaires may be required)  No  Yes; please give details