



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)
