



Sarcoidosis Questionnaire

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Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

NOTE: If you are able to fax us at least your three most recent pulmonary function tests, it will help us obtain the most accurate tentative quote.

1. When were you diagnosed (month, year and age)?

2. Was a biopsy done? Yes No
If yes, what was the Stage?

 Stage I (bilateral enlarged chest lymph nodes)
 Stage II (enlarged chest lymph nodes and diffuse lung disease)
 Stage III (diffuse infiltrative lung disease alone)

3. How was the sarcoid treated?
 No treatment
 Prednisone
 Other:

4. Date treatment was completed:

5. What organs were involved? (check all that apply)
 Lung Kidney
 Heart Central nervous system
 Liver or spleen Skin
 Eyes Lymph nodes

6. Has there been any evidence of recurrence/progression? ___ Yes ___ No
If yes, list dates and details:

7. What medications do you take, reason, dosage and how often?

8. How often do you see your pulmonologist and when was last visit?

9. Has your weight remained stable or have you ___ lost or ___ gained weight in the past year? If so, by how much?

10. Do you have any family history of lung disease? If so, list:

Member(s) _____

Age(s) diagnosed _____ Circle one (Current age / Age of death) _____