

KIDNEY/URINARY QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. What is your actual diagnosis?
2. When were you diagnosed?
3. What were your first symptoms?

4. Please indicate dates and tests (including Intra Venous Pyelogram, ultra sounds or scans) that have been completed to give you this diagnosis?

Date: _____ Test: _____

Results: _____

Date: _____ Test: _____

Results: _____

Date: _____ Test: _____

Results: _____

Date: _____ Test: _____

Results: _____

5. When was the last time you had lab work completed for your kidney/urinary problem?

6. Do you or have you ever had blood in your urine? No Yes, Frequency: _____

7. Have you ever had kidney stones? No Yes, Frequency: _____

8. How were you relieved from the kidney stones?

9. Have you ever been told that you are in kidney failure? No Yes, Details: _____

10. Have you ever had to be on dialysis? No Yes, Most recent date: _____

11. Have you ever been diagnosed with kidney cancer?

No Yes, Details, including pathology report: _____

12. Have you ever had or been advised that you need a kidney transplant?

No Yes, Details: _____

13. If you have had a transplant was the donor a:

Relative HLA donor Cadaver

14. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____

15. Date you last consulted your physician: _____

16. Name and address of your physician(s): _____

17. Has case been shopped elsewhere, if so where & when? _____

18. Client's occupation _____

Date: _____ Proposed Insured's Signature: _____