

# LUPUS and CONNECTIVE TISSUE 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. Indicate your actual diagnosis:  
 Discoid Lupus                       Systemic Lupus Erythematosus (SLE)  
 Sarcoidosis                       Scleredema                       Scleroderma  
 Other: \_\_\_\_\_
2. When did you first notice any symptoms?
3. Please indicate dates and tests that have been completed to give you this diagnosis?  
Date: \_\_\_\_\_ Test: \_\_\_\_\_  
Results: \_\_\_\_\_  
Date: \_\_\_\_\_ Test: \_\_\_\_\_  
Results: \_\_\_\_\_  
Date: \_\_\_\_\_ Test: \_\_\_\_\_  
Results: \_\_\_\_\_  
Date: \_\_\_\_\_ Test: \_\_\_\_\_  
Results: \_\_\_\_\_
4. Have you had any of the following conditions?  
 Low blood counts                       Proteinuria                       Lung involvement (pleuritis)  
 Neurological disorder                       High blood pressure                       Heart involvement (pericarditis)  
 Renal insufficiency or failure
5. Have you been diagnosed with any anemia in the past or currently?     No                       Yes, Details: \_\_\_\_\_
6. Have you gone into remission?     No                       Yes, How long: \_\_\_\_\_
7. Are you under any treatment?     No                       Yes, Details: \_\_\_\_\_
8. What treatment are you receiving currently or have you received in the past?
9. Are you on any medication(s)?     No                       Yes, Name(s) and dosage(s): \_\_\_\_\_
10. Date you last consulted your physician: \_\_\_\_\_
11. Name and address of your physician(s): \_\_\_\_\_

12. *Has case been shopped elsewhere, if so where & when?*

13. *Client's occupation*

Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_