

Kidney Function Tests Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

Essential Information

1	Date of first Diagnosis		Please list diagnosis	
2	Please check if any of these conditions are present (complete a questionnaire for each condition checked)			
	Diabetes		Polycystic Kidney Disease	
	Glomerulonephritis		Nephroscleros	
	Systemic Lupus Erythematosus		Other _____	
3	Give most recent results of kidney function tests	<input type="checkbox"/> BUN		
		<input type="checkbox"/> Serum Creatinine		
		<input type="checkbox"/> Urinalysis		
4	Have any of the following occurred?	Frequent Infection		High Blood Pressure
		Cardiovascular Disease (complete questionnaire for this condition)		
5	List current medications (accurate name, dosage and reason)			
6	Does the client have any other health issues?	<input type="checkbox"/> Yes	If yes provide details:	
		<input type="checkbox"/> No		

Confidential

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