

Lupus 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 check if the Lupus is:	<input type="checkbox"/> In remission Date of last exacerbation:		
			<input type="checkbox"/> Currently Present		
2	What is the type of Lupus diagnosed	Discord Lupus		Drug Induces SLE	
		Systemic Lupus Erythematosus (SLE)			
3	Check if the client has had any of the following:	Low Blood Counts		Proteinuria	Neurologic Disorder
		Renal Insufficiency or Failure		Heart involvement (Pericarditis)	
		Lung Involvement (Pleuritis)		High Blood Pressure	
4	List current medications (accurate name, dosage and reason)				
5	What type of treatment has client had?				
6	When was treatment terminated?		Have Steroids ever been prescribed?	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
7	Does the client have any other health issues	<input type="checkbox"/> Yes			
		<input type="checkbox"/> No	If yes provide details:		