

Proteinuria Questionnaire

(Protein in urine)



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	How long has this abnormality been present		
2	Has a specific cause for the proteinuria been found	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, give details</i>
3	Date and results of the most recent urinalysis	Protein	
		Red Blood Cells (RBCs)	
		White Blood Cells (WBCs)	
		Protein/creatinine ratio	
4	Dates and results of most recent kidney function test	BUN	
		Serum Creatinine	
5	If any of the following urinary tests have been completed, give date and results	Microalbumin	
		24-hr. protein	
		24-hr. creatinine clearance	
		Other:	
6	List current medications (accurate name, dosage and reason)		
7	Does the client have any other health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes provide details:</i>