Kidney Transplant 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 transplant(s)**		☐ **Single** ☐ **Multiple**	**How Often are chekups?**	
2	**What as the cause of the end stage renal disease which led to the transplant?**				
	Diabetes			Nephrosclerosis	
	Systemic Lupus Erythematosus			Polycystic Kidney Disease	
	Glomerulonephritis			Other_____	
3	**List current medications (accurate name, dosage and reason)**				
4	**What was the source of the donor kidney?**				
	Cadaver	Living Related Donor	Identical Twin	Other	
5	**Please give most recent results of kidney function tests**				
	BUN				
	Serum Creatinine				
	Urinalysis				
6.	**Note if any of the following have occured**	Frequent infection	Disease Recurrence	Rejection Episodes	Cancer
		High Blood Pressure	Toxicity From treatment	Cardiovascular Disease	
7	**Does the client have any other health issues &/or disabilities since the transplant**	☐ Yes ☐ No	*If yes provide details:*		

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