Underwriting Questionnaire **Kidney Disease**

| Producer Name | Pho | ne | Date | _ |
|--|--|--|----------------|-----------------|
| Client Name | Dat | e of Birth | | |
| Male Female Face A | mount | Max Premiu | ım \$ /yr. | |
| □ Term □ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? □ Yes □ No | | | | |
| Frequency Date of | | ast use | Туре | |
| Diagnosis | | | | |
| Select the conditions that are prese Chronic kidney disease Diabetes Glomerulonephritis Nephrosclerosis Polycystic kidney disease Systemic lupus erythemate Other | Stage A1C | | | |
| Most recent kidney function test re BUN GFR | | Serum creatinine Urinalysis (protein) | (blood) | |
| Height Weight | · | | | |
| | been diagnosed □Diabetes □High blood p | ressure | | |
| Name of Medication (prescription or otherwise) | | Dates Used | Quantity Taken | Frequency Taken |
| | | | | |
| | | | | |

List any other major health problems the client has:

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