

# Underwriting Questionnaire Kidney Disease

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Diagnosis \_\_\_\_\_

Select the conditions that are present

- Chronic kidney disease
- Diabetes
- Glomerulonephritis
- Nephrosclerosis
- Polycystic kidney disease
- Systemic lupus erythematosus
- Other

Stage \_\_\_\_\_

A1C \_\_\_\_\_

Details \_\_\_\_\_

Most recent kidney function test results

BUN \_\_\_\_\_ Serum creatinine \_\_\_\_\_

GFR \_\_\_\_\_ Urinalysis (protein) \_\_\_\_\_ (blood) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Select if any of the following have been diagnosed

- Cardiovascular disease
- Diabetes
- Frequent infection
- High blood pressure

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: