Underwriting Questionnaire Kidney Transplant



Producer Name		Phone		Date	
Client Name		Date of Birth			
☐ Male ☐ Female Face Amount			Max Prem	ium \$/y	r.
☐ Term ☐ Permanent Ha	as the client ever use	d any forr	m of tobacco (cigaret	tes, cigars, pipe, snuff, et	c.)? □Yes □No
Frequency	ncy Date of last of		use Type		
Date(s) of transplant(s)					
☐ Glomerulonephritis	☐Polycystic kidney o☐Systemic lupus en	disease ythematos			
	□Living donor □Living related don	nor			
Most recent kidney function test results BUN GFR					
Select all that have occurred Cancer Cardiovascular disease Disease recurrence Frequent infection High blood pressure Rejection episodes Toxicity from treatment	Date Date Date Date Date	Details_ Details_ Details_ Details_ Details_			
Date of last appointment with Nep	hrologist				
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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