Underwriting Questionnaire **Lupus**

Producer Name F	Phone	Date	_
Client Name [Date of Birth		
Male Female Face Amount	Max Premiu	um \$ /yr.	
□ Term □ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? □ Yes □ No			
Frequency Date	of last use	Туре	
Date of diagnosis Type Discoid Lupus Systemic (disseminated) Lupus (SLE)			
Which organs/tissues have been involved Skin Central nervous system Other			
Select if the client has had any of the following Low blood counts Iung involvement (pleuritis) Proteinuria Heart involvement (pericarditis)			
Has the condition disappeared completely? 🛛 Yes 🔤 No If yes, date of last treatment			
If the condition has ever disappeared, has it relapsed? Yes No If yes, complete the information below			
Initial lupus episode	Date started Date ended		k
Condition's most recent disappearance Date started Date ended			
Condition's most recent relapse Date started Date ended		J	
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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