Underwriting Questionnaire | Kidney Disease

Financial Professional Information

Name:_____ Phone: _____ Date: _____

Client Information

Name:_____ Date of Birth: _____ State of Residence:_____

☐ Male ☐ Female Height:_____ft._____in. Weight:_____lbs.

Face Amount:_____ Max Premium $_____/yr.

Desired Life Insurance Type: ☐ 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 — Stage_____
- ☐ Diabetes — A1C __
- ☐ Glomerulonephritis
- ☐ Nephrosclerosis
- ☐ Polycystic kidney disease
- ☐ Systemic lupus erythematosis
- ☐ Other — 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:

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