



KIDNEY/URINARY QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
Broker's Name: _____ Face Amount: _____
Address: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. What is your actual diagnosis?
 2. When were you diagnosed?
 3. What were your first symptoms?
 4. Please indicate dates and tests (including Intra Venous Pyelogram, ultra sounds or scans) that have been completed to give you this diagnosis?
Date: _____ Test: _____
Results: _____
Date: _____ Test: _____
Results: _____
Date: _____ Test: _____
Results: _____
Date: _____ Test: _____
Results: _____
 5. When was the last time you had lab work completed for your kidney/urinary problem?
 6. Do you or have you ever had blood in your urine? No Yes, Frequency: _____
 7. Have you ever had kidney stones? No Yes, Frequency: _____
 8. How were you relieved from the kidney stones?
 9. Have you ever been told that you are in kidney failure? No Yes, Details: _____
 10. Have you ever had to be on dialysis? No Yes, Most recent date: _____
 11. Have you ever been diagnosed with kidney cancer?
 No Yes, Details, including pathology report: _____
 12. Have you ever had or been advised that you need a kidney transplant?
 No Yes, Details: _____
 13. If you have had a transplant was the donor a:
 Relative HLA donor Cadaver
 14. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____
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