



Kidney/Renal Function Tests Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
List any relevant diagnosis and date of diagnosis:	
Please check if any of the following conditions are present:	<input type="checkbox"/> Diabetes <input type="checkbox"/> Polycystic kidney disease <input type="checkbox"/> Glomerulonephritis <input type="checkbox"/> Nephrosclerosis <input type="checkbox"/> Systemic lupus erythematosus <input type="checkbox"/> Other
Please provide the results of the most recent kidney function tests:	<input type="checkbox"/> BUN: _____ <input type="checkbox"/> Serum Creatinine: _____ <input type="checkbox"/> Urinalysis: _____
Has the client had any of the following? Check all that apply:	<input type="checkbox"/> Frequent infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Cardiovascular disease
Medications currently being taken (provide dosage and frequency):	
Does the client currently smoke or ever smoked? If yes, provide date of last tobacco use:	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	
Other information:	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.