



Kidney Disease Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed with kidney disease? _____

2. What specific kidney disorder was diagnosed? _____

3. If kidney stones, what kind of procedures have been done to remove the stones?

Name of procedure	Date	Number of stones involved

4. What laboratory findings were found by your physician?

	Date of most recent test	Level of findings	Normal reference range
Protein in urine (proteinuria)			
Blood in urine (hematuria)			
Blood urea nitrogen (BUN) level			
Creatinine level			

5. Is the proposed insured currently taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

6. Is there any family history of kidney/cardiovascular disease? Yes No
If yes, provide details below.

	Age (if living)	Age (at death)	Cause of death	Kidney Disease?	Heart Disease or circulatory disorder?	Stroke?
Mother				Yes / No	Yes / No	Yes / No
Father				Yes / No	Yes / No	Yes / No
Sister				Yes / No	Yes / No	Yes / No
Brother				Yes / No	Yes / No	Yes / No

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