



# Lupus 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 Lupus diagnosed? \_\_\_\_\_

2. What type of Lupus was diagnosed?  Discoid Lupus  Systemic (disseminated) Lupus (SLE)

3. Which organs/tissues have been involved?

Skin  Kidneys  Central Nervous System

Other: \_\_\_\_\_

4. Has the condition disappeared completely?  Yes  No

If yes, date of last treatment: \_\_\_\_\_

5. If the condition has ever disappeared, has it relapsed?  Yes  No

If yes, complete the following:

	Date Started	Date Ended
Initial Lupus Episode		
Most recent disappearance		
Most recent relapse		

6. What medications were/are being used to control the condition, or any other condition affecting the proposed insured?

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

7. List any other medical information that may help provide a realistic preliminary assessment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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