



# Organ Transplant 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. What organ did the proposed insured have transplanted? \_\_\_\_\_

2. When was the surgery performed? \_\_\_\_\_

3. What diagnosis led to the transplant? \_\_\_\_\_  
When was the diagnosis? \_\_\_\_\_

4. Has the proposed insured ever had to be on dialysis?  Yes  No  
If yes, when? \_\_\_\_\_

5. Was the donor a:  Relative  Donor  Cadaver

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

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