



Polycystic 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 polycystic kidney disease (PKD)? _____

2. What was the diagnosis?
- Autosomal dominant polycystic kidney disease
 - Autosomal recessive polycystic kidney disease
 - Acquired cystic kidney disease

3. Provide the most recent blood readings:
- Reading: _____ Date: _____
- Reading: _____ Date: _____
- Reading: _____ Date: _____

4. What were the most recent lab finding for the following?
- Protein in the urine Level and Date: _____
 - Blood in urine Level and Date: _____
 - BUN Level and Date: _____
 - Creatinine Level and Date: _____

5. Does the proposed insured have any known history of cardiovascular impairment? Yes No

If yes, provide details: _____

6. Does the proposed insured have any known family history of kidney or cardiovascular disease? Yes No

If yes, provide details: _____

7. Is the proposed insured currently under treatment? Yes No

If yes, provide details: _____

8. 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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