KIDNEY DISEASE—POLYCYSTIC KIDNEY DISEASE QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details:_____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) ***Has the proposed insured been diagnosed with PKD:*** Yes ❒ No ❒

(2) If (1) is yes, please provide date of diagnosis: _____

(3) Please provide approximate dates and readings of known blood pressure measurements:

Approximate date(s):	**Systolic/Diastolic reading(s):**	**Approximate date(s):**	**Systolic/Diastolic reading(s):**

(4) Please advise of the following laboratory findings, if previously (and recently) done by your physician?

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

(5) Does the proposed insured take any medications? If yes, please list:

Name of Medication (Prescription or Otherwise)	**Dates used**	**Quantity Taken**	**Frequency Taken**

(6) Is there any known history of cardiovascular impairment? Yes ❒ No ❒ If yes, please advise what has been diagnosed and when: _____

(7) Is there any known family history relating to kidney/cardiovascular disease? If yes, please describe:

	Age (if living)	**Age (at death)**	**Cause of death, if deceased:**	**History of kidney disease?**	**History of heart disease or circulatory disorder?**	**History of stroke?**
Mother				❒ Yes ❒ No	❒ Yes ❒ No	❒ Yes ❒ No
Father				❒ Yes ❒ No	❒ Yes ❒ No	❒ Yes ❒ No
Sister(s)				❒ Yes ❒ No	❒ Yes ❒ No	❒ Yes ❒ No
Brother				❒ Yes ❒ No	❒ Yes ❒ No	❒ Yes ❒ No