## **Underwriting Questionnaire**

## **Kidney Disease**



Producer Name	Pnone		Date	_ \
Client Name	Date of Birth			
☐ Male ☐ Female Face Amount		Max Premium	\$ /yr.	
☐ Term ☐ Permanent Has the client	ever used any form of	tobacco (cigarettes,	cigars, pipe, snuff, etc.)?	Yes No
Frequency	Date of last use		Type	
Diagnosis				
Select the conditions that are present  Chronic kidney disease  Diabetes  Glomerulonephritis  Nephrosclerosis  Polycystic kidney disease  Systemic lupus erythematosis  Other	StageA1C			
Most recent kidney function test results  BUN  GFR	Seru Urin	um creatinine nalysis (protein)	(blood)	
Height Weight				
	osed ]Diabetes ]High blood pressure			
Name of Medication (prescription or oth	erwise) Da	ites Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:



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