

# Underwriting Questionnaire

## Lupus



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ 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 \_\_\_\_\_

Date of diagnosis \_\_\_\_\_ Type  Discoid Lupus  Systemic (disseminated) Lupus (SLE)

Which organs/tissues have been involved

Skin  Kidneys  Central nervous system  Other \_\_\_\_\_

Select if the client has had any of the following

Low blood counts  lung involvement (pleuritis)  Proteinuria  Heart involvement (pericarditis)

Has the condition disappeared completely?  Yes  No If yes, date of last treatment \_\_\_\_\_

If the condition has ever disappeared, has it relapsed?  Yes  No If yes, complete the information below

Initial lupus episode Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Condition's most recent disappearance Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Condition's most recent relapse Date started \_\_\_\_\_ Date ended \_\_\_\_\_

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

List any other major health problems the client has: