

MEDICAL HISTORY QUESTIONNAIRE: KIDNEY TRANSPLANT

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current
 Coverage Information: Type: Term UL Survivor
 Date Stopped: _____ Face Amount: _____
 Type: _____ Coverage Amount: _____
 Anticipated Premium: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of the Transplant: _____

2. Single or Multiple Transplant? Single Multiple

3. What was the cause of the end stage renal disease which led to the transplant? (Cause for the transplant)

Diabetes Nephrosclerosis
 Polycystic Kidney Disease Systemic Lupus Erythematosus
 Glomerulonephritis Other: _____

4. What was the source of the donor kidney?

Cadaver
 Living Related Donor
 Identical Twin
 Other: _____

5. Please give most recent results of kidney function tests:

BUN _____
 Serum Creatinine _____
 Urinalysis _____

6. Have any of the following occurred (check all that apply):

Frequent Infection Cancer
 Cardiovascular Disease Toxicity from Treatment
 Rejection Episodes Disease Recurrence
 High Blood Pressure

7. How often are checkups? _____

8. Are there any disabilities since the transplant? No Yes; please give details below

9. Please list current medications

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: