

## MEDICAL HISTORY QUESTIONNAIRE: LUPUS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage: \_\_\_\_\_ Coverage Information: \_\_\_\_\_

Never  
 Former Date Stopped: \_\_\_\_\_  
 Current Type: \_\_\_\_\_

Type:  Term  UL  IUL  
 WL  VUL  Survivorship  
 Face Amount: \_\_\_\_\_  
 Premium Tolerance: \_\_\_\_\_

### Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_

2. Type of lupus diagnosed?: \_\_\_\_\_

- Systemic lupus erythematosus (SLE)
- Discoid lupus
- Drug-induced SLE

3. Please note if the lupus is: \_\_\_\_\_

- In remission (list date of last exacerbation): \_\_\_\_\_
- Currently present

4. Check if client has had any of the following:

- Low blood counts
- Neurologic disorder
- Lung involvement (pleuritis)
- Heart involvement (pericarditis)
- Proteinuria
- Renal insufficiency or failure
- High blood pressure

5. What type of treatment has client had? \_\_\_\_\_

6. When was treatment terminated? \_\_\_\_\_

7. Have steroids ever been prescribed?  No  Yes

8. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: