

MEDICAL HISTORY QUESTIONNAIRE: POLYCYSTIC KIDNEY DISEASE

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term WL UL VUL IUL Survivorship
 Face Amount: _____
 Premium Tolerance: _____

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

1. Do any other family members have ADPKD? No Yes, please provide details:

2. Was ADPKD diagnosed by ultrasound? No Yes

3. What are the client's current blood pressure readings? _____

4. Please provide the results and date of your most recent urinalysis:

Protein: _____
 Red Blood Cell (RBC): _____
 White Blood Cell (WBC): _____
 Protein/Creatinine Ratio: _____

5. Please provide the date and results of the client's most recent kidney function test:

BUN: _____
 Serum Creatinine: _____

6. Please list current medications:

Name of Medication	Dosage	Reason

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

If yes, please provide details: