

MEDICAL HISTORY QUESTIONNAIRE: PROTEINURIA

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

- Never
 Former
 Current

Date Stopped: _____

Type: _____

Coverage Information:

Type: Term UL Survivor

Face Amount: _____

Coverage Amount: _____

Anticipated Premium: _____

Proposed Insured's Existing Insurance

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

1. How long has this abnormality been present? _____

2. Has a specific cause for the proteinuria been found? Yes No

If yes, please provide details:

3. Give the date and results of the most recent urinalysis:

- | | | |
|-----------------------------|-------------|----------------|
| a. Protein | Date: _____ | Results: _____ |
| b. Red Blood Cells (RBCs) | Date: _____ | Results: _____ |
| c. White Blood Cells (WBCs) | Date: _____ | Results: _____ |
| d. Protein/Creatinine Ratio | Date: _____ | Results: _____ |

4. Give the date and results of the most recent kidney function tests:

- | | | |
|---------------------|-------------|----------------|
| a. BUN | Date: _____ | Results: _____ |
| b. Serum Creatinine | Date: _____ | Results: _____ |

5. If any of the following urinary tests have been completed, give the date and result:

- | | | |
|--------------------------------|-------------|----------------|
| a. Microalbumin | Date: _____ | Results: _____ |
| b. 24-hr. Protein | Date: _____ | Results: _____ |
| c. 24-hr. Creatinine Clearance | Date: _____ | Results: _____ |
| d. Other: _____ | Date: _____ | Results: _____ |

6. Please list current medications

Name of Medication	Dosage	Reason

7. Are there any other health problems? (additional questionnaires may be required) Yes No

If yes, please provide details:

FAMILY HISTORY (ADDENDUM)

8. Has the proposed insured had relative(s) with any of the following:

Parent
Has had: Cancer Diabetes Stroke Heart Disease
 Committed Suicide Other: _____
Age of Onset: _____ Date of Death: _____

Brother
Has had: Cancer Diabetes Stroke Heart Disease
 Committed Suicide Other: _____
Age of Onset: _____ Date of Death: _____

Sister
Has had: Cancer Diabetes Stroke Heart Disease
 Committed Suicide Other: _____
Age of Onset: _____ Date of Death: _____

9. If yes to any of the above, please provide details/information: