

## Lupus Questionnaire

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tobacco Use  No  Cigarettes  Other tobacco \_\_\_\_\_ Date quit? \_\_\_\_\_

State \_\_\_\_\_ Amount of Insurance \_\_\_\_\_ Type of Insurance \_\_\_\_\_

Occupation/Source of income: \_\_\_\_\_

1. Type of Lupus:  Discoid  Systemic Lupus Erythematosis (SLE) \_\_\_\_\_

2. Date Lupus diagnosed: \_\_\_\_\_

3. Is Lupus currently:  active or  in remission (treatment discontinued)? \_\_\_\_\_

4. Current (within 2 years) symptoms/complications \_\_\_\_\_

Kidney or renal complication, details: \_\_\_\_\_

Protein in urine, details: \_\_\_\_\_

Nervous system complications, details: \_\_\_\_\_

Anemia or other blood disorder, details: \_\_\_\_\_

Describe any other current symptoms: \_\_\_\_\_

5. Treatment and medications prescribed: \_\_\_\_\_

1. Do you have any other major health problems?  No  Yes – Details: \_\_\_\_\_

2. List all medications: \_\_\_\_\_

3. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Most recent blood pressure reading: \_\_\_\_\_

**Agent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2004.

By Fredric Berger. All rights reserved.