



Blood in the Urine (Hematuria) Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 ____UL

1. Please provide date of first diagnosis with kidney disease: _____

2. Please indicate the specific name of the kidney disorder: _____

3. Please provide approximate dates and readings of known blood pressure measurements:

Systolic/Diastolic reading(s): _____ Approximate date(s): _____

4. Please advise us of the following laboratory findings, if previously done by your physician?

Test	Date	Level	Normal Range
____ Protein in the urine (proteinuria):	_____	_____	_____
____ Blood in the urine (hematuria):	_____	_____	_____
____ Blood urea nitrogen (BUN) level:	_____	_____	_____
____ Creatinine level:	_____	_____	_____

5. Is the proposed insured taking any medication for this condition or any other? ____Yes ____No
(If yes, please provide the name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

6. Is there any known family history relating to kidney/cardiovascular disease? ____Yes ____No
(If yes, please describe): _____
