



## Lupus Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

\_\_\_Term 10 15 20 30      \_\_\_UL

1. When was the proposed insured diagnosed with Lupus?

\_\_\_\_\_

2. Please indicate the actual type of Lupus that was diagnosis:

\_\_\_ Discoid Lupus      \_\_\_ Systemic Lupus      \_\_\_ Sarcoidosis      \_\_\_ Scleroderma  
\_\_\_ Scleroderma      \_\_\_ Other: \_\_\_\_\_

3. Has the proposed insured had any of the following conditions?

\_\_\_ Low blood counts      \_\_\_ Proteinuria      \_\_\_ Pleuritis      \_\_\_ Neurological disorders  
\_\_\_ High Blood Pressure      \_\_\_ Pericarditis      \_\_\_ Renal Insufficiency or failure

4. Has the proposed insured been diagnosed with any anemia currently or in the past? \_\_\_ Yes \_\_\_ No  
(If yes give details):

\_\_\_\_\_

5. Has the proposed insured gone into remission? \_\_\_ Yes \_\_\_ No  
(If yes give details):

\_\_\_\_\_

6. Is the proposed insured currently under treatment? \_\_\_ Yes \_\_\_ No  
(If yes give details):

\_\_\_\_\_

7. Is the proposed currently taking any medication? \_\_\_ Yes \_\_\_ No  
(If yes, please provide name, dosage, and frequency):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_