



Organ Transplant Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. What organ(s) has the potential insured had transplanted?

2. When was the surgery performed? _____

3. What was the actual diagnosis that precipitated the transplant? _____

4. When was the proposed insured diagnosed? _____

5. Have you ever had to be on dialysis? ___Yes ___No

(If yes, most recent date): _____

6. Was the donor a: (Check one)

___Relative ___Donor ___Cadaver

7. Is the proposed insured taking any medications? _____Yes _____No

(If yes, please provide name, dosage, and frequency):
