



Polycystic Kidney Disease 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 PKD? _____

2. Please indicate the actual diagnosis: (Check one)

___ Autosomal dominant PKD

___ Autosomal recessive PKD

___ Acquired cystic kidney disease

3. Please provide the most recent blood pressure readings:

Reading: _____ Date: _____

Reading: _____ Date: _____

Reading: _____ Date: _____

4. Please provide the most recent lab findings for the following: (Lab Finding/ Date/ Level of Finding)

Protein in the urine: _____

Blood in urine: _____

BUN level: _____

Creatinine level: _____

5. Is there any known history of cardiovascular impairment? ___Yes ___No (If yes, provide details)

Details: _____

6. Is there any known family history relating to kidney and/or cardiovascular disease? ___Yes ___No
(If yes, provide details)

7. Is the proposed insured currently under treatment? ___Yes ___No (If yes, provide details)

Details: _____

8. Is the proposed insured currently taking any medication? _____Yes _____No

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