



IGA Nephropathy 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 IGA Nephropathy? _____

2. Does the proposed insured experience any of the following symptoms? (Check all that apply)

____ Blood in the Urine

____ Hypertension

____ Protein in the urine

____ Groin Pain

3. Has the proposed insured ever received or been recommended to receive any of the following treatments?

____ Dialysis (Details): _____

____ Kidney Transplant (Details): _____

____ Other (Details): _____

4. Is the proposed insured taking any medication? ____Yes ____No

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

5. When did the client last have a kidney function test? _____

(Please provide results if possible): _____

6. Is the proposed insured disabled as a result of this condition? ____Yes ____No