



Kidney Disease-Kidney Stone 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 diagnosed: _____

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. What kind of procedure(s) have been used to remove any of the stones? _____

7. Any other comments that would help us pre-underwrite the condition? _____
