



RENAL INSUFFICIENCY 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 by your physician:

3. Please provide approximate dates and readings of known blood pressure measurements:

Approximate date(s): _____ Systolic/Diastolic reading(s): _____

Approximate date(s): _____ Systolic/Diastolic reading(s): _____

4. Please provide the following laboratory findings, if previously done by your physician.
(If checked please provide date of most recent test, level of findings, and normal reference range)

____Protein in the urine (proteinuria): _____

____Blood in the urine (hematuria): _____

____Blood urea nitrogen (BUN) level: _____

____Creatinine level: _____

5. Does the proposed Insured take medications for this condition, or any other? ____Yes ____No
(If yes, please provide name, dosage, and frequency):

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

(6) Is there any known family history relating to kidney/cardiovascular disease?
(If yes, please describe): _____
