



### KIDNEY/URINARY QUESTIONNAIRE

Proposed Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F  
 Tobacco Use:  Yes  No Amount: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. In. Weight: \_\_\_\_\_  
 Broker's Name: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 BGA: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured please answer the following:

1. What is your actual diagnosis?
2. When were you diagnosed?
3. What were your first symptoms?
4. Please indicate dates and tests (including Intra Venous Pyelogram, ultra sounds or scans) that have been completed to give you this diagnosis?  
 Date: \_\_\_\_\_ Test: \_\_\_\_\_  
 Results: \_\_\_\_\_  
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 Results: \_\_\_\_\_  
 Date: \_\_\_\_\_ Test: \_\_\_\_\_  
 Results: \_\_\_\_\_
5. When was the last time you had lab work completed for your kidney/urinary problem?
6. Do you or have you ever had blood in your urine  No  Yes, Frequency: \_\_\_\_\_
7. Have you ever had kidney stones?  No  Yes, Frequency: \_\_\_\_\_
8. How were you relieved from the kidney stones?
9. Have you ever been told that you are in kidney failure?  No  Yes, Details: \_\_\_\_\_
10. Have you ever had to be on dialysis?  No  Yes, Most recent date: \_\_\_\_\_
11. Have you ever been diagnosed with kidney cancer?  
 No  Yes, Details, including pathology report: \_\_\_\_\_
12. Have you ever had or been advised that you need a kidney transplant?  
 No  Yes, Details: \_\_\_\_\_
13. If you have had a transplant was the donor a:  
 Relative  HLA donor  Cadaver
14. Are you on any medication(s)?  No  Yes, Name(s) and dosage(s): \_\_\_\_\_
15. Date you last consulted your physician: \_\_\_\_\_
16. Name and address of your physician(s): \_\_\_\_\_

Underwriter's Notes:

Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_