



Kidney Disease

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Diagnosis _____

Select the conditions that are present

- Chronic kidney disease Stage _____
- Diabetes A1C _____
- Glomerulonephritis
- Nephrosclerosis
- Polycystic kidney disease
- Systemic lupus erythematosus
- Other Details _____

Most recent kidney function test results

BUN _____ Serum creatinine _____
 GFR _____ Urinalysis (protein) _____ (blood) _____

Height _____ Weight _____

Select if any of the following have been diagnosed

- Cardiovascular disease Diabetes
- Frequent infection High blood pressure

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: