

MEDICAL HISTORY QUESTIONNAIRE: POLYCYSTIC KIDNEY DISEASE

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current
 Date Stopped: _____ Type: _____

Coverage Information:
 Type: Term UL IUL
 WL VUL Survivorship
 Face Amount: _____
 Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Do any other family members have ADPKD? No Yes, please provide details: _____

2. Was ADPKD diagnosed by ultrasound? No Yes

3. What are the client's current blood pressure readings? _____

4. Please provide the results and date of your most recent urinalysis:

Protein: _____

Red Blood Cell (RBC): _____

White Blood Cell (WBC): _____

Potein/Creatinine Ratio: _____

5. Please provide the date and results of the client's most recent kidney function test:

BUN: _____

Serum Creatinine: _____

6. Please list current medications:

Name of Medication	Dosage	Reason

7. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____