



Questionnaire For: Kidney Transplants

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/___
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. What disorder made the kidney transplant necessary?
 Kidney failure due to diabetes
 Kidney failure due to glomerulonephritis
 Kidney failure due to polycystic kidney disease
 Other causes, please specify _____
2. Date of the transplant _____
3. Source of the transplanted kidney:
 Identical twin
 Related donor with identical HLA phenotypic match
 Related donor without identical HLA phenotypic match
 Non-related live donor
 Non-related cadaver kidney
4. Are there any current symptoms or complications? Yes No
If yes, please give details _____
5. Please give results of most recent kidney function tests:
BUN _____
Serum Creatine _____
Urinalysis _____
6. Please note if any of the following have occurred (check all that apply):
 Frequent infection
 Rejection episodes
 High blood pressure
 Cardiovascular disease
 Toxicity from treatment
 Cancer
 Disease recurrence

7. What treatment is currently being prescribed?
List medications and dosage _____
8. When was the last time a physician was consulted to follow-up on the transplant? _____

9. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No
If yes, please detail _____
10. Does the client exercise three or more times per week? Yes No
If yes, please detail _____
11. Client's occupation _____
12. Please list any other illnesses or impairments; along with any and all medications currently
being taken, include the dosage and frequency of each: _____
