

Lupus Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____
 Client Name: _____ Date of Birth: _____ Sex: Male / Female
 Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____
 Type of Insurance: Universal Life Whole Life Survivorship Term (# of years)

1. When was the Lupus diagnosed? _____
2. What type of Lupus was diagnosed? Discoid Lupus Systemic (disseminated) Lupus (SLE)
3. Which organs/tissues have been involved?
 Skin Kidneys Central Nervous System
 Other: _____
4. Has the condition disappeared completely? Yes No
 If yes, date of last treatment: _____
5. If the condition has ever disappeared, has it relapsed? Yes No
 If yes, complete the following:

	Date Started	Date Ended
Initial Lupus Episode		
Most recent disappearance		
Most recent relapse		

6. What medications were/are being used to control the condition, or any other condition affecting the proposed insured?

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

7. List any other medical information that may help provide a realistic preliminary assessment:

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uuinc.com.