

Polycystic Kidney Disease 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 proposed insured first diagnosed with polycystic kidney disease (PKD)? _____

2. What was the diagnosis?

- Autosomal dominant polycystic kidney disease
- Autosomal recessive polycystic kidney disease
- Acquired cystic kidney disease

3. Provide the most recent blood readings:

Reading: _____ Date: _____
Reading: _____ Date: _____
Reading: _____ Date: _____

4. What were the most recent lab finding for the following?

<u> </u> Protein in the urine	Level and Date: _____
<u> </u> Blood in urine	Level and Date: _____
<u> </u> BUN	Level and Date: _____
<u> </u> Creatinine	Level and Date: _____

5. Does the proposed insured have any known history of cardiovascular impairment? Yes No

If yes, provide details: _____

6. Does the proposed insured have any known family history of kidney or cardiovascular disease? Yes No

If yes, provide details: _____

7. Is the proposed insured currently under treatment? Yes No

If yes, provide details: _____

8. Is the proposed insured current taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____

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