

MEDICAL HISTORY QUESTIONNAIRE: POLYCYSTIC KIDNEY DISEASE

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Never

Former Date Stopped: _____

Current 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): _____

Protein/Creatinine Ratio: _____



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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: _____



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