

## MEDICAL HISTORY QUESTIONNAIRE: POLYCYSTIC KIDNEY DISEASE

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

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): \_\_\_\_\_  
 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: \_\_\_\_\_