

## MEDICAL HISTORY QUESTIONNAIRE: POLYCYSTIC KIDNEY DISEASE

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current  
 Date Stopped: \_\_\_\_\_ 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_