

Kidney Disease Quote Request

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When was your Kidney Disease first diagnosed? _____
Date(s) of most recent Laboratory evaluation(s) _____

Have you ever had any of the following: (Please circle those that apply)
Kidney Disease Glomerulonephritis Polycystic Kidney Disease
Renal Insufficiency Kidney Transplant

Results of Kidney Function Tests: BUN _____ Creatinine _____
24 Hour Creatinine Clearance _____ 24 Hour Protein Loss _____
Urinalysis Specimens Protein Loss _____

What have been your recent Blood Pressure readings? _____ Cholesterol _____

Did you receive a Kidney Transplant? Y N If YES, Date of Transplant _____
What caused the need for the Transplant? _____
Was donor closely related? EXPLAIN _____

Do you have Diabetes? Y N When Diagnosed? _____
If YES, what medication are you taking? _____

Do you have any Family History of Heart Disease or Diabetes? _____

What Lifestyle Changes have you made to treat your illness? _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: cancer, etc)? _____

Broker Submitting Questionnaire: _____
Address _____
Phone: _____ FAX: _____ E-mail: _____

Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com