

KIDNEY / URINARY QUESTIONNAIRE

Rohrer & Associates

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F

Height: _____ Ft. _____ In. Weight: _____ Face Amount: _____

Tobacco use in the past 5 years: No Yes Details: _____

Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. What is your actual diagnosis?
2. When were you diagnosed?
3. What were your first symptoms?
4. Please indicate dates and tests (including Intra Venous Pyelogram, ultra sounds or scans) that have been completed to give you this diagnosis?
Date: _____ Test: _____
Results: _____
Date: _____ Test: _____
Results: _____
Date: _____ Test: _____
Results: _____
Date: _____ Test: _____
Results: _____
5. When was the last time you had lab work completed for your kidney/urinary problem?
6. Do you or have you ever had blood in your urine? Yes No
If yes, frequency: _____
7. Have you ever had kidney stones? Yes No
If yes, frequency: _____
8. How were you relieved from the kidney stones?
9. Have you ever been told that you are in kidney failure? Yes No
If yes, details: _____
10. Have you ever had to be on dialysis? Yes No
If yes, most recent date: _____
11. Have you ever been diagnosed with kidney cancer? Yes No

If yes, details, including pathology report:

12. Have you ever had or been advised that you need a kidney transplant? Yes No

If yes, details:

13. If you have had a transplant, was the donor a (please circle):

Relative

HLA donor

Cadaver

14. Are you taking any medications? Yes No

Name(s) and dosage(s):

15. Name, address & phone number of your physician(s) and date last consulted:

Additional Information (please use reverse side for additional space):

Date: _____

Insured's Signature: _____