

**LUPUS and CONNECTIVE TISSUE 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: \_\_\_\_\_

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Proposed Insured please answer the following:

1. Indicate your actual diagnosis (please circle):  
     Discoid Lupus      Sarcoidosis      Scleredema      Scleroderma  
     Systemic Lupus Erythematosus      Other: \_\_\_\_\_
  
2. When did you first notice any symptoms?
  
3. Please provide on the back of this page dates, tests, and results that have been completed to give you this diagnosis.
  
4. Have you had any of the following conditions (please circle all that apply)?  
     Low blood counts      Proteinuria      Lung involvement (pleuritis)  
     Neurological disorder      High blood pressure      Heart involvement (pericarditis)  
     Renal insufficiency or failure
  
5. Have you been diagnosed with any anemia in the past or currently?      Yes      No  
     Details: \_\_\_\_\_
  
6. Have you gone into remission?      Yes      No  
     How long? \_\_\_\_\_
  
7. Are you under any treatment?      Yes      No  
     Details: \_\_\_\_\_
  
8. What treatment(s) are you receiving currently or have you received in the past?  
     Details: \_\_\_\_\_
  
9. Are you on any medications(s)?      Yes      No  
     Name(s) and dosage(s): \_\_\_\_\_
  
10. Name, address & phone number of your physician(s) and date last consulted:

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

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_