

Kidney Function Test Underwriting Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products? _____

If yes, select type : Cigarettes Cigar Chewing tobacco Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. What is your medical diagnosis and date diagnosed? _____
2. What were your fist symptoms? _____
3. Please check if any of these conditions are present (complete questionnaire for each condition checked):
 Diabetes Polysystic Kidney Disease Glomerulonephritis Nephrosclerosis
 Systemic Lupus erythematosus Other: _____
4. Give the most recent results of kidney function tests:
 BUN Serum creatinine Urinalysis
5. Have any of the following occurred (check all that apply):
 Frequent infection High Blood Pressure Cardiovascular Disease
6. Have you ever had blood in your urine? No Yes; details: _____
7. Have you ever had kidney stones? No Yes; if yes, how were you relieved from them?

8. Have you been diagnosed as having kidney failure? No Yes; Details _____
9. Have you ever needed dialysis? No Yes; details _____
10. Have you ever been diagnosed with renal (kidney) cancer? No Yes; details _____
11. Have you ever been considered for or had a kidney transplant? No Yes; details _____
 Donor was: Relative HLA Donor Cadaver
12. Please list all medications you are currently taking:

Name of Medication	Dosage	Reason

13. Please list name of physicians and date last seen:

Name of physician	Location	Date last seen

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com