Kidney Disease

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ ☐ Male ☐ Female

Face Amount _____ Max Premium $ _____ /yr. ☐ Term ☐ Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency _____ Date of last use _____ Type _____

Diagnosis _____

Select the conditions that are present

- ☐ Chronic kidney disease — Stage _____
- ☐ Diabetes — A1C _____
- ☐ Glomerulonephritis
- ☐ Nephrosclerosis
- ☐ Polycystic kidney disease
- ☐ Systemic lupus erythematosis
- ☐ Other — Details _____

Most recent kidney function test results

BUN _____ Serum creatinine _____

GFR _____ Urinalysis (protein) _____ (blood) _____

Height _____ Weight _____

Select if any of the following have been diagnosed

- ☐ Cardiovascular disease
- ☐ Diabetes
- ☐ Frequent infection
- ☐ High blood pressure

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Products and programs offered through CBS are not approved for use in all states. April 22, 2019

CBS BROKERAGE

Copyright © 2019 CBS Brokerage Connections