KIDNEY TRANSPLANT

CLIENT NAME:			Date:	
☐ Male ☐ Female Date of birth:				
Tobacco Use: □ Never used □ Totally				
Type of Coverage: ☐ Term ☐ UL ☐	•••			
Coverage Amount:		emium:		
	brother or sister who had cancel		ey disease or who committed suicide?	
If yes, use separate sheet to provide this information, including age of onset and date of death PROPOSED INSURED'S EXISTING INSURANCE				
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?	
Tun Name of Company	Tace Amount	1001 133000	13 T Oney to be ricpiaced:	
1. Date of the transplant:				
2. ☐ Single or ☐ multiple transplant?				
3. What was the cause of the end stage rer	nal disease which led to the trans	plant? (Cause for the transplant	t)	
\square Diabetes \square Glomerulonephritis	□ Nephrosclerosis	☐ Systemic lupus erythema	atosus	
☐ Polycystic kidney disease ☐	Other:			
4. What was the source of the donor kidne	y ?			
\square Cadaver \square Living related dono	r 🗆 Identical twin 🗀	Other:		
Please give most recent results of kidne				
□ BUN				
□ Serum creatinine				
☐ Urinalysis				
6. Have any of the following occurred (che				
☐ Frequent infection ☐ Rejection	,	treatment \square High blood pre	ssure	
☐ Cardiovascular disease ☐ Cancer	☐ Disease recu	rrence		
7. How often are checkups?				
0.4	o			
8. Are there any disabilities since the trans	plant? 🗆 No 🗀 Yes; please g	IVE details		
9. Is client on any medications now? (accu	irate name, dosage, and reason)			
(Accurate) Name of Medication	Dosage	Reason		
10. Does client have any other major healt	h ianuan (additional accetional	iroo may ba raguinad\	Vega places give details	
THE LINES CHAIN HAVE ANY OTHER MAINT HEALT	ii issues? taddillonal dilestionnal	res may be reduired) INO	TARE DIRECT UND UNITALIC	

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: Male □ Female Date of birth:					
□ Male □ Female Date of birtin.	neigiit	weight:			
1. Has the proposed insured had relative(s) with any of the following:					
☐ Parent Has had: ☐ Cancer ☐ Diabetes Age of onset:			☐ Other (explain below)		
☐ Brother			Other (explain below)		
Age of onset:			Utilet (explain below)		
☐ Sister Has had: ☐ Cancer ☐ Diabetes			☐ Other (explain below)		
Age of onset:	Date of death:				
2. If yes to any of the above, please provide details/information					