



Lupus Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30 ___UL

1. When was the proposed insured diagnosed with Lupus?

2. Please indicate the actual type of Lupus that was diagnosis:

___ Discoid Lupus ___ Systemic Lupus ___ Sarcoidosis ___ Scleroderma
___ Scleroderma ___ Other: _____

3. Has the proposed insured had any of the following conditions?

___ Low blood counts ___ Proteinuria ___ Pleuritis ___ Neurological disorders
___ High Blood Pressure ___ Pericarditis ___ Renal Insufficiency or failure

4. Has the proposed insured been diagnosed with any anemia currently or in the past? ___ Yes ___ No
(If yes give details):

5. Has the proposed insured gone into remission? ___ Yes ___ No
(If yes give details):

6. Is the proposed insured currently under treatment? ___ Yes ___ No
(If yes give details):

7. Is the proposed currently taking any medication? ___ Yes ___ No
(If yes, please provide name, dosage, and frequency):
