Polycystic Kidney Disease 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 PKD? ____________________________

2. Please indicate the actual diagnosis: (Check one)
___ Autosomal dominant PKD
___ Autosomal recessive PKD
___ Acquired cystic kidney disease

3. Please provide the most recent blood pressure readings:
Reading: _______________ Date: _________________________
Reading: _______________ Date: _________________________
Reading: _______________ Date: _________________________

4. Please provide the most recent lab findings for the following: (Lab Finding/ Date/ Level of Finding)
Protein in the urine: ______________________________________________________________
Blood in urine: ___________________________________________________________________
BUN level: _______________________________________________________________________
Creatinine level: __________________________________________________________________

5. Is there any known history of cardiovascular impairment? ___Yes ___No (If yes, provide details)
Details: _________________________________________________________________________

6. Is there any known family history relating to kidney and/or cardiovascular disease?  ___Yes ___No
(If yes, provide details)
_________________________________________________________________________________
_________________________________________________________________________________

7. Is the proposed insured currently under treatment? ___Yes ___No (If yes, provide details)
Details: _________________________________________________________________________

8. Is the proposed currently taking any medication? _____Yes _____No
If yes, please provide name, dosage, and frequency):
_________________________________________________________________________________
_________________________________________________________________________________

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