LUPUS

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by 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?

1. Date of diagnoses: _____

2. Type of lupus diagnosed?:
☐ Systemic lupus erythematosus (SLE)
☐ Discoid lupus
☐ Drug-induced SLE

3. Please note if the lupus is:

☐ in remission (list date of last exacerbation) Date: _____

☐ currently present; ___ Mild ___ Moderate ___ Severe

4. Check if client has had any of the following:

☐ Rash
☐ Lung involvement (pleuritis)
☐ Proteinuria (protein in urine)
☐ High blood pressure
☐ Neurologic disorder
☐ Heart involvement (pericarditis)
☐ Kidney insufficiency or failure
☐ Arthritis
☐ Low blood counts (e.g., platelets)
☐ Vascular involvement (e.g., vasculitis)
☐ Other: _____

5. Is client currently taking medication? (provide name, dosage, & reason) ☐ No ☐ Yes; please give details

_____

_____

6. What type of treatment has client had? _____

7. When was treatment terminated? _____

8. Have steroids ever been prescribed? ☐ No ☐ Yes ; Dates: _____

9. Any impairment in functioning? ☐ No ☐ Yes ; Please describe: _____

10. List all additional medications client is taking. (accurate name, dosage, and reason)

Name of Medication	Dosage	Reason

11. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

