NAILBA
NAILBA University

# POLYCYSTIC KIDNEY DISEASE

**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 **Type of Coverage:** ❑ Term ❑ UL ❑ Survivor

**Coverage Amount:** ______________________ **Anticipated Premium:** ______________________

**FAMILY HISTORY**

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

1. Do any other family members have ADPKD? ❑ No ❑ Yes; please give details

______________________________________________

______________________________________________

2. Was ADPKD diagnosed by ultrasound? ❑ No ❑ Yes

3. What are your current blood pressure readings?

4. Please provide the results and date of your most recent urinalysis.

   Protein ______________________ Date: ______________________

   Red blood cell (RBC) ______________________ Date: ______________________

   White blood cell (WBC) ______________________ Date: ______________________

   Protein/creatinine ratio ______________________ Date: ______________________

5. Please provide the date and results of the most recent kidney function tests.

   BUN ______________________ Date: ______________________

   Serum Creatinine ______________________ Date: ______________________

6. Is client taking any medication? (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

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