

PROTEINURIA (PROTEIN IN URINE)

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. How long has this abnormality been present? _____ years
2. Has a specific cause for the proteinuria been found? No Yes; please give details

3. Give the date and results of the most recent urinalysis:
- a. Protein _____ Date: _____
 - b. Red blood cells (RBCs) _____ Date: _____
 - c. White blood cell (WBC) _____ Date: _____
 - d. Protein/creatinine ratio _____ Date: _____

4. Give the dates and results of the most recent kidney function tests:
- BUN _____ Date: _____
- Serum Creatinine _____ Date: _____

5. If any of the following urinary tests have been completed, give the date and result:
- a. Microalbumin _____ Date: _____
 - b. 24-hr. protein _____ Date: _____
 - c. 24-hr. creatinine clearance _____ Date: _____
 - d. Other: _____ 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
- _____
- _____