

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) QUESTIONNAIRE

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____
 AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____
 TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____
 LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____
 OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED
 FAMILY HISTORY - AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____
 IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH _____
 DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____
 DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____
 DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____
 LAST BLOOD PRESSURE READING (RESULTS) _____ / _____ / ARE YOU TREATED FOR BLOOD PRESSURE NO YES
 LAST CHOLESTEROL READING, HDL READING (RESULTS) _____, _____ TREATED FOR CHOLESTEROL NO YES
AGENT: NAME _____ PHONE _____ FAX _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE LIST DATE OF FIRST DIAGNOSIS _____

2. PLEASE NOTE THE TYPE OF LUPUS DIAGNOSED:

- SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)
 DISCOID LUPUS
 DRUG INDUCED LUPUS

3. IS THE CLIENT ON ANY MEDICATIONS FOR THIS IMPAIRMENT?

- NO YES, PLEASE DETAIL TYPE AND DOSAGE:

4. IS THE LUPUS IN REMISSION?

- YES NO, PLEASE GIVE DATE OF LAST EXACERBATION:

5. HAS THE CLIENT HAD ANY OF THE FOLLOWING (PLEASE CHECK ALL THAT APPLY AND PROVIDE DETAILS):

- LOW BLOOD COUNTS
 LUNG INVOLVEMENT (PLEURITIS)
 PROTEINURIA
 HIGH BLOOD PRESSURE
 NEUROLOGIC DISORDER
 HEART INVOLVEMENT (PERICARDITIS)
 RENAL INSUFFICIENCY OR FAILURE

6. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):

