



KIDNEY TRANSPLANTS QUESTIONNAIRE
Global Insurance Resources Group Inc.
 9744 WILSHIRE BOULEVARD SUITE 306, Beverly Hills, CA 90212
 PHONE (310) 550-3300 FAX (310) 550-3390

CLIENT: NAME _____ [] M [] F, DATE OF BIRTH _____

AGE _____ HT _____ WT _____ STATE _____

AMOUNT REQ. \$ _____ MAX. ANNUAL PREMIUM \$ _____

TYPE OF INSURANCE: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____

REPLACING? [] NO [] YES CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR: _____ COMPANY _____
 ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. WHAT DISORDER MADE THE KIDNEY TRANSPLANT NECESSARY?

- [] KIDNEY FAILURE DUE TO DIABETES
- [] KIDNEY FAILURE DUE TO GLOMERULONEPHRITIS
- [] KIDNEY FAILURE DUE TO POLYCYSTIC KIDNEY DISEASE
- [] OTHER CAUSE, PLEASE SPECIFY _____

2. DATE OF THE TRANSPLANT

3. SOURCE OF TRANSPLANTED KIDNEY:

- [] IDENTICAL TWIN
- [] RELATED DONOR WITH IDENTICAL HLA PHENOTYPIC MATCH
- [] RELATED DONOR WITHOUT IDENTICAL HLA PHENOTYPIC MATCH
- [] NON-RELATED LIVE DONOR
- [] NON-RELATED CADAVER KIDNEY

4. PLEASE GIVE RESULTS OF

6. ARE THERE ANY CURRENT SYMPTOMS OR COMPLICATIONS?

[] NO [] YES, PLEASE DETAIL _____

7. WHAT TREATMENT IS CURRENTLY BEING PRESCRIBED? LIST MEDICATION AND DOSAGE

8. WHEN WAS THE LAST TIME A PHYSICIAN WAS CONSULTED TO FOLLOW UP ON THE TRANSPLANT?

9. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?

[] NO [] YES, PLEASE DETAIL _____

10. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?

[] NO [] YES, PLEASE DETAIL _____

11. CLIENT'S OCCUPATION _____

**MOST RECENT KIDNEY
FUNCTION**
BUN _____

SERUM CREATINE

URINALYSIS

**5. PLEASE NOTE IF ANY OF THE
FOLLOWING HAVE OCCURRED
(CHECK ALL THAT APPLY):**

- FREQUENT INFECTION**
- REJECTION EPISODES**
- HIGH BLOOD PRESSURE**
- CARDIOVASCULAR DISEASE**
- TOXICITY FROM TREATMENT**
- CANCER**
- DISEASE RECURRENCE**

**12. PLEASE LIST ANY OTHER IMPAIRMENTS OR
ILLNESSES ; ALONG WITH ANY AND ALL MEDICATIONS
CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND
FREQUENCY OF EACH:**
