



SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) 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. PLEASE LIST THE DATE OF THE 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 THE IMPAIRMENT?**

[ ] NO [ ] YES, PLEASE DETAIL TYPE AND DOSAGE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. IS THE LUPUS ON REMISSION? [ ] YES [ ] NO, PLEASE LIST DATE OF LAST EXACERBATION**

\_\_\_\_\_

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

[ ] NO [ ] YES, PLEASE DETAIL \_\_\_\_\_

\_\_\_\_\_

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

[ ] NO [ ] YES, PLEASE DETAIL \_\_\_\_\_

\_\_\_\_\_

**8. CLIENT'S OCCUPATION** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. HAS THE CLIENT EVER HAD THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):**

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