LUPUS QUESTIONNAIRE

Agent: Phone: Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ❒ Y ❒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____
Height: ____ft. ____in. Weight: ____lbs.

(1) Date of Diagnosis: _____

(2) What type of lupus has been diagnosed: ❒ Discoid Lupus ❒ Systemic (disseminated) Lupus (SLE)

(3) Which organs/tissues have been involved:

❒ Skin ❒ Kidneys ❒ Central Nervous System

❒ Other: _____

(4) Has the condition disappeared completely? ❒ No ❒ Yes If Yes, date of last required treatment: _____

(5) If the condition has ever disappeared, has it relapsed? ❒ No ❒ Yes If it has relapsed, please complete the following:

	Date Started	Date Ended
Initial Lupus Episode		
Condition's Most Recent Disappearance		
Condition's Most Recent Relapse		

(6) What medications were/are being used to control the condition or any other condition affecting the proposed insured?

Name of Medication (Prescription or Otherwise)	**Dates used**	**Quantity Taken**	**Frequency Taken**

(7) Please list any other medical information that may help provide a realistic preliminary assessment:

_____

_____

_____

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