

**Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_ (M or F): \_\_\_\_\_ Age: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Max Premium \$: \_\_\_\_\_ / year Type: (UL, WL, Term, or Survivorship) \_\_\_\_\_

Do you currently smoke cigarettes? (Y or N): \_\_\_\_\_ If no, did you ever smoke: (Y or N): \_\_\_\_\_ Quit date: \_\_\_\_\_

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: \_\_\_\_\_

When did you last use any form of tobacco: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Type used last: \_\_\_\_\_

Do any other family members have ADPKD? *If so, please describe:*

\_\_\_\_\_

Was ADPKD diagnosed by ultrasound? (Y or N) \_\_\_\_\_

What are your current blood pressure readings?

\_\_\_\_\_

Please provide the results and date of your most recent urinalysis:

**Protein:** \_\_\_\_\_ **Red blood cell (RBC):** \_\_\_\_\_ **White blood cell (WBC):** \_\_\_\_\_ **Protein/creatinine ratio:** \_\_\_\_\_

\_\_\_\_\_

Please provide the date **AND** results of the most recent kidney function tests:

**BUN:**

Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Serum Creatinine:**

Date: \_\_\_\_\_ Results: \_\_\_\_\_

Is client taking any medication?

**(Accurate) Name of Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other health problems? *If so, please describe:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_