## **LUPUS**

CLIENT NAME:			Date:		
☐ Male ☐ Female Date of birth: _	Height:'	" Weight:			
			Type of nicotine product:		
Type of Coverage: Term UL Coverage Amount:		rage: □ Term □ UL □			
Coverage Amount.	-	remium:			
FAMILY HISTORY  Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  If yes, use separate sheet to provide this information, including age of onset and date of death					
	PROPOSED INSURED'S	S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?		
1. Date of diagnoses:					
2. Type of lupus diagnosed?:					
Systemic lupus erythematosus (SLE	<del>.</del> ()				
□ Discord lupus					
□ Drug-induced SLE					
3. Please note if the lupus is:					
$\square$ in remission (list date of last exacer	bation) Date:				
currently present					
4. Check if client has had any of the fo	lowing:				
□ Low blood counts □ Neurologic disorder					
☐ Lung involvement (pleuritis) ☐ Heart involvement (pericarditis)					
□ Proteinuria □ Renal insufficiency or failure					
☐ High blood pressure					
5. Is client presently on medication? (accurate name, dosage, and reason)) $\square$ No $\square$ Yes; please give details					
6. What type of treatment has client had?					
o. That type of troutment has short he	u				
7. When was treatment terminated? $\_$					
8. Have steroids ever been prescribed?	<sup>o</sup> □ No □ Yes				
9. List all medications client is taking.	(accurate name, dosage, and reasc	on)			
(Accurate) Name of Medication	Dosage	Reason			
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10. Are there any other health problems? (additional questionnaires may be required) $\square$ No $\square$ Yes; please give details					

## **FAMILY HISTORY (ADDENDUM)**

CLIENT NAME: Male □ Female Date of birth:					
□ Male □ Female Date of birtin.	neigiit	weight:			
1. Has the proposed insured had relative(s) with any of the following:  ☐ Parent					
Has had:  Cancer Diabetes  Age of onset:			☐ Other (explain below)		
☐ Brother			Other (explain below)		
Age of onset:			Utilet (explain below)		
☐ Sister  Has had: ☐ Cancer ☐ Diabetes			☐ Other (explain below)		
Age of onset:	Date of death:				
2. If yes to any of the above, please provide details/information					