

LUPUS QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: _____ DOB: _____

1. When did proposed insured first notice having any symptoms regarding lupus? _____

2. What studies were conducted to have this diagnosis given to the client? _____

3. Who is the physician for the proposed insured? _____

4. At what age was the client actually diagnosed with lupus? _____

5. What type of lupus does the client have? _____

6. Are the kidney's or the central nervous system involved, if so in what way? _____

7. Is the client experiencing any lab abnormalities? _____

8. Has the client gone into remission, if so, when and for how long? _____

9. Is the proposed insured under any treatment, if so, please explain? _____

10. Has the client been diagnosed with any anemia in the past or currently? _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

Please circle the associate you work with. Russ, Rhonda, Leo