

# KIDNEY QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. When did you first realize that you had a kidney problem? \_\_\_\_\_
2. What studies were completed for the diagnosis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the name of the proposed insured's physician? \_\_\_\_\_  
\_\_\_\_\_
4. When was the last time you had lab work completed for your kidney problem? \_\_\_\_\_
5. When was the last IVP or any other kidney function study completed and what was the outcome? \_\_\_\_\_  
\_\_\_\_\_
6. Do you have blood in your urine? \_\_\_\_\_
7. Have you ever passed a kidney stone, if so, when and how often? \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been told that you are in kidney failure? \_\_\_\_\_
9. Have you ever had to be on dialysis or your kidney's? \_\_\_\_\_  
\_\_\_\_\_
10. Have you ever been diagnosed with kidney cancer? \_\_\_\_\_
11. If so, what was the outcome of the path report? \_\_\_\_\_  
\_\_\_\_\_
12. Have you ever had a kidney donated, if so, was it a relative, HLA donor or cadaver? \_\_\_\_\_  
\_\_\_\_\_
13. What medication are presently taking? \_\_\_\_\_  
\_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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