NAILBA
NAILBA University

KIDNEY FUNCTION TESTS

CLIENT NAME: ____ **Date:** _____________________

☐ Male ☐ Female Date of birth: ___________ Height: _____' _____" Weight: ___________

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: ___________ ☐ Use now Type of nicotine product: _____________

Type of Coverage: ☐Term ☐UL ☐ Survivor ☐ Disability **Coverage Amount:** ______________________

Annual Income:____________________ **Occupation/Job duties:** _____________________ **State of Residence:** _________________

Anticipated Premium: _______________________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date first diagnosed: ____________________________________

2. Please check if any of these conditions are present (complete questionnaire for each condition checked):

☐ Diabetes
☐ Polycystic kidney disease
☐ Glomerulonephritis
☐ Nephrosclerosis
☐ Systemic lupus erythematosus
☐ Other: ____________________________________

3. Give most recent results of kidney function tests:

☐ BUN ____
☐ Serum creatinine ____________________________________
☐ Urinalysis ____

4. Have any of the following occurred (check all that apply):

☐ Frequent infection
☐ High blood pressure
☐ Cardiovascular disease (complete questionnaire for this condition)

5. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6 Does client have any other major health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

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