

LUPUS QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
Proposed Insured Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____		
Face Amount: _____ Max. Premium: \$ _____/year <input type="checkbox"/> UL <input type="checkbox"/> WL <input type="checkbox"/> Term <input type="checkbox"/> Survivorship		
Do you currently smoke cigarettes? <input type="checkbox"/> Y <input type="checkbox"/> N If no, did you ever smoke: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____		
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N		
If Yes, please provide details: _____		
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____		

(1) **Date of Diagnosis:** _____

(2) **What type of lupus has been diagnosed:** Discoid Lupus Systemic (disseminated) Lupus (SLE)

(3) **Which organs/tissues have been involved:**

Skin Kidneys Central Nervous System

Other: _____

(4) **Has the condition disappeared completely?** No Yes If Yes, date of last required treatment: _____

(5) **If the condition has ever disappeared, has it relapsed?** No Yes If it has relapsed, please complete the following:

	Date Started	Date Ended
Initial Lupus Episode		
Condition's Most Recent Disappearance		
Condition's Most Recent Relapse		

(6) **What medications were/are being used to control the condition or any other condition affecting the proposed insured?**

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(7) **Please list any other medical information that may help provide a realistic preliminary assessment:**
