

KIDNEY FUNCTION TESTS

AGENT NAME: _____

CLIENT NAME: _____ Date: _____

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

Save and Email Completed Form to: quotes@levelfourinsurance.com

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