



Kidney Disease

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Diagnosis _____

Select the conditions that are present

- Chronic kidney disease Stage _____
- Diabetes A1C _____
- Glomerulonephritis
- Nephrosclerosis
- Polycystic kidney disease
- Systemic lupus erythematosis
- Other Details _____

Most recent kidney function test results

BUN _____ Serum creatinine _____
 GFR _____ Urinalysis (protein) _____ (blood) _____

Height _____ Weight _____

Select if any of the following have been diagnosed

- Cardiovascular disease Diabetes
- Frequent infection High blood pressure

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

Questions?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to ddahl@mcgillbrokerage.com, tsimmons@mcgillbrokerage.com, and gkay@mcgillbrokerage.com.