



CLIENT NAME:				
PROPOSED INSURED'S EXISTING INSURANCE				
Full Name of Company	Face Amoun	ıt	Year Issued	Is Policy to be Replaced?
1. Date of diagnoses:				
2. Type of lupus diagnosed?: Systemic lupus erythematosus (SLE) Discord lupus Drug-induced SLE 3. Please note if the lupus is: In remission (list date of last exacerbation) Date: Currently present 4. Check if client has had any of the following: Low blood counts Neurologic disorder Lung involvement (pleuritis) Heart involvement (pericarditis) Proteinuria Renal insufficiency or failure High blood pressure 5. Is client presently on medication? (accurate name, dosage, and reason)) No Yes; please give details				
6. What type of treatment has alignt had?				
6. What type of treatment has client had?				
7. When was treatment terminated?				
8. Have steroids ever been prescribed? \Boxed No \Boxed Yes				
9. List all medications client is taking. (accurate name, dosage, and reason)				
(Accurate) Name of Medication]	Dosage	Reason	
10. Are there any other health problems? (additional questionnaires may be required) □ No □ Yes; please give details				