

# PROTEINURIA (PROTEIN IN URINE)

**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 **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

## FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed 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. How long has this abnormality been present? \_\_\_\_\_ years

2. Has a specific cause for the proteinuria been found?  No  Yes; please give details

3. Give the date and results of the most recent urinalysis:

- a. Protein Date: \_\_\_\_\_
- b. Red blood cells (RBCs) Date: \_\_\_\_\_
- c. White blood cells (WBCs) Date: \_\_\_\_\_
- d. Protein/creatinine ratio Date: \_\_\_\_\_

4. Give the dates and results of the most recent kidney function tests:

- a. BUN Date: \_\_\_\_\_
- b. Serum creatinine Date: \_\_\_\_\_

5. If any of the following urinary tests have been completed, give the date and result:

- a. Microalbumin Date: \_\_\_\_\_
- b. 24-hr. protein Date: \_\_\_\_\_
- c. 24-hr. creatinine clearance Date: \_\_\_\_\_
- d. Other: \_\_\_\_\_ Date: \_\_\_\_\_

6. Is client taking any medication? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health problems? (additional questionnaires may be required)  No  Yes; please give details

