



Appletree Financial Network

LUPUS and CONNECTIVE TISSUE QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. Indicate your actual diagnosis:

<input type="checkbox"/> Discoid Lupus	<input type="checkbox"/> Systemic Lupus Erythematosus (SLE)
<input type="checkbox"/> Sarcoidosis	<input type="checkbox"/> Scleredema <input type="checkbox"/> Scleroderma
<input type="checkbox"/> Other: _____	

2. When did you first notice any symptoms?
3. Please indicate dates and tests that have been completed to give you this diagnosis?

Date: _____	Test: _____
Results: _____	
Date: _____	Test: _____
Results: _____	
Date: _____	Test: _____
Results: _____	
Date: _____	Test: _____
Results: _____	
4. Have you had any of the following conditions?

<input type="checkbox"/> Low blood counts	<input type="checkbox"/> Proteinuria	<input type="checkbox"/> Lung involvement (pleuritis)
<input type="checkbox"/> Neurological disorder	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Heart involvement (pericarditis)
<input type="checkbox"/> Renal insufficiency or failure		
5. Have you been diagnosed with any anemia in the past or currently? No Yes, Details: _____
6. Have you gone into remission? No Yes, How long: _____
7. Are you under any treatment? No Yes, Details: _____
8. What treatment are you receiving currently or have you received in the past?
9. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____
10. Date you last consulted your physician: _____
11. Name and address of your physician(s): _____

Underwriter's Notes:

Date: _____ Proposed Insured's Signature: _____