

The Brokerage Resource, Inc.
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: _____
Address _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. Indicate your actual diagnosis:
 Discoid Lupus Systemic Lupus Erythematosus (SLE)
 Sarcoidosis Scleredema Scleroderma
 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?
 Low blood counts Proteinuria Lung involvement (pleuritis)
 Neurological disorder High blood pressure Heart involvement (pericarditis)
 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): _____
-

Date: _____ Proposed Insured's Signature: _____