

KIDNEY/URINARY DISORDER QUESTIONNAIRE
(Complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated/relationship to applicant: _____

1. What kind of kidney/urinary disorder did you have? Bladder infection, reflux, cystitis, kidney stones, nephritis, prostate trouble or other? _____

2. When did you first have symptoms? _____

3. When did you last have symptoms? _____

4. How many occurrences have you had? _____

5. Name and address of hospital and treating physician? _____

6. Any operation? ___ Yes ___ No. If yes, what type? _____ Date? _____

Details: _____

7. Name and address of hospital? _____

8. Do you now have or have you ever had any heart trouble or high blood pressure?
___ Yes ___ No (If yes, provide dates and details): _____

9. What special studies have you had? (provide dates and results of studies)

9. When was urine last checked? Date: _____
Why was it checked? (reason, symptoms, etc) _____

11. Name and address of treating physician: _____

12. What is your current height? _____ and weight? _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge.
I understand that the insurer will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date