



INSURANCE DESIGNERS

Insurance Designers of Central Texas, LLC

Lupus Questionnaire

12466 Los Indios Trail #100 Austin, TX 78729
Phone 512-257-9700 FAX 512-257-9701

Today's Date: _____ Agent: _____
 Full Name: _____ Male or Female? _____
 Height and weight: _____ Date of Birth: _____

1. What is the type of lupus diagnosed?
 systemic lupus erythematosus (SLE) discord lupus drug-induced SLE

2. List date of diagnosis: _____

3. Please note if the lupus is:
 in remission (list date of last exacerbation) _____
 currently present

4. Check if you 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. Are you presently on medication? (accurate name, dosage, and reason))
 no
 yes, give details:

6. What type of treatment have you had (and list dates started through ended)?

7. Have steroids ever been prescribed? If so, which ones?

8. Are there any other major health problems? (Additional questionnaires may be required)

9. Has your weight remained stable in the past year? Yes No
 If no: Lost _____ pounds OR Gained _____ pounds

10. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
<input type="checkbox"/> Smokeless	<input type="checkbox"/> daily/monthly/yearly	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cigarettes	<input type="checkbox"/> per day/month/year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cigar	<input type="checkbox"/> per day/month/year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Patch/Gum	<input type="checkbox"/> per day/month/year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No