Return to - jim@uswolfe.com or Fax to 815-377-3556

LUPUS and CONNECTIVE TISSUE QUESTIONNAIRE

Insured's Name: DOB: State: Sex: M / F

Height: Ft. In. Weight: Face Amount:

Tobacco use in the past 5 years: No Yes Details:

Producer: State: Phone: E-mail:

Proposed Insured please answer the following:

1. Indicate your actual diagnosis (please circle):
   Discoid Lupus Sarcoidosis Scleredema Scleroderma
   Systemic Lupus Erythematosus Other:

2. When did you first notice any symptoms?

3. Please provide on the back of this page dates, tests, and results that have been completed to give you this diagnosis.

4. Have you had any of the following conditions (please circle all that apply)?
   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? Yes No
   Details:

6. Have you gone into remission? Yes No
   How long?

7. Are you under any treatment? Yes No
   Details:

8. What treatment(s) are you receiving currently or have you received in the past?
   Details:

9. Are you on any medications(s)? Yes No
   Name(s) and dosage(s):

10. Name, address & phone number of your physician(s) and date last consulted:

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____