



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Kidney Transplants - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has elevated PSA's, please answer the following:

1. Please list date(s) of transplant(s): _____

2. Please check cause of the end stage renal disease which led to the transplan

- | | |
|---|--|
| <input type="checkbox"/> diabetes | <input type="checkbox"/> polycystic kidney disease |
| <input type="checkbox"/> glomerulonephritis | <input type="checkbox"/> ephrosclerosis |
| <input type="checkbox"/> systemic lupus erythematosus | <input type="checkbox"/> other |

3. What was the source of the donor kidne

- cadaver
- living related donor
- identical twin

4. Is your client on any medication

- yes, please give details _____
- no

5. Please give most recent results of kidney function test

BUN _____

Serum creatinine _____

Urinalysis _____

6. Please note if any of the following have occurred (check all that apply

- | | |
|---|--|
| <input type="checkbox"/> frequent infection | <input type="checkbox"/> toxicity from treatment |
| <input type="checkbox"/> rejection episodes | <input type="checkbox"/> cancer |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> disease recurrence |
| <input type="checkbox"/> cardiovascular disease | |

7. Has your client smoked cigarettes in the last 12 month

- yes, please give details _____
- no

8. Does your client have any other major health problems? (ex: canc , etc.)

- yes, please give details _____
- no