



J.L. Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

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

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has Polycystic Kidney Disease, please answer the following:

1. Do any other family members have ADPK

- yes, please list _____
 no

2. as ADPKD diagnosed by ultrasound?

- yes
 no

3. What are your current blood pressure readings? _____

4. Please provide the results, and date, of your most recent urinalysi

- Protein _____
- Red blood cells (RBC) _____
- White blood cells (WBC) _____
- Protein/Creatinine ratio _____

5. Please provide the date and results of the most recent kidney function test

- BUN _____
- Serum Creatinine _____

6. Is your client on any current medicatio

- yes, please list _____
 no

7. Has your client smoked cig ettes in the last 12 months?

- yes
 no

8. Does your client have any other major health problem

- yes, please give details _____
 no