

Lupus Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

1. Type of Lupus: Discoid Systemic Lupus Erythematosus (SLE) _____

2. Date Lupus diagnosed: _____

3. Is Lupus currently: active or in remission (treatment discontinued)? _____

4. Current (within 2 years) symptoms/complications _____

Kidney or renal complication, details: _____

Protein in urine, details: _____

Nervous system complications, details: _____

Anemia or other blood disorder, details: _____

Describe any other current symptoms: _____

5. Treatment and medications prescribed: _____

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight: _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____