



**KIDNEY/URINARY DISORDER QUESTIONNAIRE**  
(Complete all questions)

Name of primary applicant: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

Name of person treated/relationship to applicant: \_\_\_\_\_

1. What kind of kidney/urinary disorder did you have? Bladder infection, reflux, cystitis, kidney stones, nephritis, prostate trouble or other? \_\_\_\_\_  
\_\_\_\_\_

2. When did you first have symptoms? \_\_\_\_\_

3. When did you last have symptoms? \_\_\_\_\_

4. How many occurrences have you had? \_\_\_\_\_

5. Name and address of hospital and treating physician? \_\_\_\_\_  
\_\_\_\_\_

6. Any operation? \_\_\_ Yes \_\_\_ No. If yes, what type? \_\_\_\_\_ Date? \_\_\_\_\_

Details: \_\_\_\_\_

7. Name and address of hospital? \_\_\_\_\_  
\_\_\_\_\_

8. Do you now have or have you ever had any heart trouble or high blood pressure?  
\_\_\_ Yes \_\_\_ No (If yes, provide dates and details): \_\_\_\_\_  
\_\_\_\_\_

9. What special studies have you had? (provide dates and results of studies)  
\_\_\_\_\_

10. When was urine last checked? Date: \_\_\_\_\_  
Why was it checked? (reason, symptoms, etc) \_\_\_\_\_  
\_\_\_\_\_

11. Name and address of treating physician: \_\_\_\_\_  
\_\_\_\_\_

12. What is your current height? \_\_\_\_\_ and weight? \_\_\_\_\_

All of the above statements are true, complete and correctly recorded to the best of my knowledge.  
I understand that the insurer will rely on these statements when determining eligibility.

\_\_\_\_\_  
Signature of person treated (or parent/guardian if under 18)

\_\_\_\_\_  
Date

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