## LUPUS



CLIENT NAME:

Submit the	<b>Client Information</b>	Questionnaire	with this form	
		Questionnune		

- 2. List date of diagnosis:
- Please note if the lupus is:

   in remission (list date of last exacerbation)
   currently present
- 4. Check if client has had any of the following:
  - \_low blood counts
    \_neurologic disorder
    \_lung involvement (pleuritis)
    \_heart involvement (pericarditis)
    \_proteinuria
    \_renal insufficiency or failure
    \_high blood pressure
- Is client presently on medication? (accurate name, dosage, and reason))
   \_\_\_no
   \_\_yes, give details:
- 6. What type of treatment has client had?
- 7. When was treatment terminated?
- 8. Have steroids ever been prescribed?
- 9. Are there any other major health problems? (additional questionnaires may be required)

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