

Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 Fax (847) 615-4954

Kidney Questionnaire

Proposed Insured:

Address:

Phone Number

Work Phone:

Birthdate:

Employee:

Employer:

Cert.#:

1. Name, address and phone number of your doctor: _____

2. Date last seen prior to **application sign date**: _____

3. Current height and weight: _____

4. List all medications you are currently taking: _____

5. List all conditions for which you are currently seeing a doctor: _____

6. What was the exact diagnosis? _____

7. What tests were performed on your kidneys? _____

8. What was your bun-creatinine reading? _____

9. Was there protein in your urine? _____

10. Please list all complications you are/were experiencing with your kidneys? _____

11. Have you fully recovered? _____

Signature of Proposed Insured

Date

Due date: