



Diversified Marketing Group, Inc.
LUPUS and CONNECTIVE TISSUE QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. Indicate your actual diagnosis:
 - Discoid Lupus Systemic Lupus Erythematosus (SLE)
 - Sarcoidosis Scleredema Scleroderma
 - Other:

2. When did you first notice any symptoms?
3. Please indicate dates and tests that have been completed to give you this diagnosis?
 - Date: _____ Test: _____
 - Results: _____
 - Date: _____ Test: _____
 - Results: _____
 - Date: _____ Test: _____
 - Results: _____
 - Date: _____ Test: _____
 - Results: _____
4. Have you had any of the following conditions?
 - Low blood counts Proteinuria Lung involvement (pleuritis)
 - Neurological disorder High blood pressure Heart involvement (pericarditis)
 - Renal insufficiency or failure
5. Have you been diagnosed with any anemia in the past or currently? No Yes, Details: _____

6. Have you gone into remission? No Yes, How long: _____

7. Are you under any treatment? No Yes, Details: _____

8. What treatment are you receiving currently or have you received in the past?

9. Are you on any medication(s)? No Yes, Name(s) and dosage(s): _____

10. Date you last consulted your physician: _____
11. Name and address of your physician(s): _____

Underwriter's Notes:

Date: _____ Proposed Insured's Signature: _____