

QUICK QUOTE
Kidney Transplant

**Nashville
Brokerage**

"Saving You Time, Making You Money"

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Nashville, TN 37217
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JIM BECK

www.nashvillebrokerage.com

Client Name _____ Sex _____ DOB _____ AGE _____ HT _____ WT _____ State _____

Amt. requested\$ _____ Annual Premium\$ _____ Type of Insurance UL _____ Term _____

Tobacco use No _____ Yes _____ Type _____ Amt of Insurance in force _____ Replacement _____

Occupation _____ Marital Status Single Married Divorced Widowed

Family History- Age if still living: Father _____ Mother _____ Brothers _____ Sisters _____

Any deceased? If so give relation, age and cause of death of each _____

Do you exercise regularly? Yes _____ No _____ Details _____

Date of last medical checkup _____ Date of last EKG _____ Results of EKGs _____

Are you treated for Hypertension? Yes _____ No _____ Last Blood Pressure Reading _____/_____

Are you treated for Cholesterol? Yes _____ No _____ Last Cholesterol HDL Readings _____/_____

Agent: Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

1 Please note the disorder that made the Kidney Transplant necessary

- Kidney failure due to Diabetes _____
- Kidney failure due to Glomerulonephritis _____
- Kidney failure due to Polycystic Kidney disease _____
- Other _____

2 Date of Kidney Transplant _____

3 Source of the transplanted kidney.

- Identical Twin
- Related donor with Identical HLA match
- Non-related live donor
- Non- related Cadaver kidney

4 What medications is your client taking for the Kidney Transplant _____?

5 If known give the results of the most current Kidney Function Tests BUN _____ Creatinine _____ GFR _____

6 Please note any of the following that may have occurred. Circle all that apply.

- Frequent Infection
- Rejection episodes
- Hypertension
- Cardiovascular disease
- Toxicity from treatment

7 List any other illnesses or impairments. Complete any additional Quick Quote forms that may be needed. Please list all medications that applicant is taking with dosages

