

**VICTORSON ASSOCIATES, INC.**  
*the professional's choice*  
**Lupus Quote Request**

Client Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ State of Residence \_\_\_\_\_ Smoker Y N

Height \_\_\_' \_\_\_" Weight \_\_\_\_\_ lbs. Amt. of ins \$.\_\_\_\_\_ Type: Term Yrs.\_\_\_\_\_ GUL UL WL

Have you ever been declined or rated for insurance? Y N Details: \_\_\_\_\_

When were you first diagnosed with Lupus? \_\_\_\_\_ Which type? (circle) SLE DLE

How often do you have flare-ups? \_\_\_\_\_

What medications are you currently taking?  
\_\_\_\_\_  
\_\_\_\_\_

Have you had involvement with kidneys, heart or other organs? Yes No

If YES, Complete Details please \_\_\_\_\_

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?  
\_\_\_\_\_

What have been your recent Blood Pressure readings? \_\_\_\_\_

What has been your recent Cholesterol readings? \_\_\_\_\_

Do you have Diabetes? Y N Recent A1C \_\_\_\_\_

When Diagnosed? \_\_\_\_\_ What medication are you taking? \_\_\_\_\_

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail \_\_\_\_\_

Please send completed Questionnaire to Victorson Associates, 321 E. Main St., Suite 6, Smithtown, NY 11787 or Scan and Email to [Vainc@victorson.com](mailto:Vainc@victorson.com) or FAX to (631) 265-7054