

Lupus Questionnaire

Claims Administrator:
Consociate • Dansig
Attn: Underwriting
111 E. Decatur Street, P.O. Box 1068
Decatur, IL 62525
Phone: (888) 242-4357
Fax: (217) 451-9088

Group name: _____

Employee name: _____

Dependent name (if condition is for dependent) _____

Age: _____ Height: _____ Weight: _____

1. What type of lupus do you have? (i.e. systemic lupus [SLE], discoid lupus, [DLE], other): _____

2. When was lupus diagnosed? _____

3. What tests have been performed? What were the results? _____

4. What medications have you taken/do you take?

Medication name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you have symptoms while taking medications? _____

6. If you are in remission, when did remission begin? _____

7. Have you had multiple remissions? If so, when? How long? _____

8. Do you take medications while in remission? _____

Please be advised that you may be required to submit medical records.

Employee signature: _____ Date: _____

