## Underwriting Questionnaire Barrett's Esophagus

List any other major health problems the client has:



Producer Name	Phone	Date		
Client Name	_ Date of Birth			
☐ Male ☐ Female Face Amount		Max Premium \$	/yr.	
☐ Term ☐ Permanent Has the client ever	used any form of toba	cco (cigarettes, cigars, pipe,	snuff, etc.)? □Yes	□No
Frequency	Date of last use		Туре	
Date of diagnosis				
Has the client had any of the following treatments  Follow-up endoscopy(s)  Surgery  Date  Date  Date  Dysplasia - low grade  Dysplasia - high grade  Metaplasia				
Is the client on any medications  Yes Provide details  No				
Alcohol usage Type Frequency				

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