Underwriting Questionnaire Colitis and Crohn's Disease



Producer Name	Phone	Date	_
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount	Max Prem	um \$ /yr.	
☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No			
Frequency Da	te of last use	Type	
Exact diagnosis Colitis Crohn's Disease			
Date of first diagnosis Date of	most recent episode	Total num	ber of episodes
Number of episodes in past 6 months Number of episodes in past 5 years	Longest duration		
What conditions have been diagnosed Irritable bowl syndrome	colitis . \square (Catarrhal colitis 🔲 🛚	Ulcerative proctitis Ulcerative proctosigmoiditis schemic colitis
Is the diagnosis considered Mild	□ Moderate □ S	evere	
Date of last Colonoscopy Result_			
Date of last Sigmoidoscopy Result_			
Any significant effect on day-to-day functionality or any time lost from work as a result of the condition Yes No If yes, provide details			
If any complications, provide details below:			
Has the client ever been hospitalized for the condition			
Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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