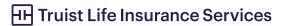
Underwriting Questionnaire **Pancreatitis**



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 tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No				
Frequency	Date of last use		Type	
Date of diagnosis Cau	ise			
Have any of the following symptoms occurred? ☐Cyst, Pseudocyst ☐Abscess	□Stone	□Other		
Was the client incapacitated from work due to the ☐Yes ☐No; if yes, when and for how los				
Was the client hospitalized? ☐Yes ☐No; if yes, provide date(s)				
Was any surgery performed? ☐Yes ☐No; if yes, provide details				
Describe frequency of attacks				
Any alcohol consumption ☐Yes ☐No If yes, provide details				
Name of Medication (prescription or otherwis	se) Dates	Used Quantit	ry Taken Frequency Taken	

List any other major health problems the client has: