

MEDICAL HISTORY QUESTIONNAIRE: CROHN'S DISEASE

Client Name:									Date of Birth:				
r: 🔲	Male		Female	Height	Height: Weight:								
co Usage:					Coverag	ge Inform	nation:						
Never						Type:		Term		UL		IUL	
Former		Date S	topped: _		_			WL		VUL		Survivorship	
Current		Type:			_	Face Am	nount:						
						Premiun	n Toler	ance:					
				Dronoced	Incuradia	Evicting	Incura	nco					
İngurance	Comp	anv									Replacement (Yes/No)		
Indutative company				Tace Amount			rcai	133464		INC	piacerit	ent (res/140)	
1. Date of Diagnosis													
2. How often does your client visit his/her physician?													
3. Date of last visit:													
4. Please check if your client has (had) any of the following:													
Curany for this disorder (list dates).													
Colonoscopy (date of most recent):													
5. Please list current medications													
Name of Medication			on Dosag		Dosage				Reason	Reason			
6. Are there any other health issues? (Additional Questionnaires may be required) No Yes													
If yes, please provide details:													
	r: D co Usage: Never Former Current Insurance e of Diagr v often do e of last v ise check Hospita Surgery Colonos ise list cu N there any	r: Male co Usage: Never Former Current Insurance Compa e of Diagnosis v often does you e of last visit: use check if your Hospitalization Surgery for thi Colonoscopy (use list current m Name of	r:	r:	r:	Male Female Height: Co Usage: Coverage Never Former Date Stopped: Current Type: Proposed Insured's Insurance Company Face Amount of the does your client visit his/her physician? of last visit: Is echeck if your client has (had) any of the following: Hospitalizations for this disorder (list dates): Surgery for this disorder (list dates): Colonoscopy (date of most recent): Is elist current medications Name of Medication Dosage there any other health issues? (Additional Questionnaires	Male Female Height: Co Usage: Coverage Inform Never Type: Former Date Stopped: Current Type: Face Ampremium Proposed Insured's Existing Insurance Company Face Amount e of Diagnosis often does your client visit his/her physician? e of last visit: Isse check if your client has (had) any of the following: Hospitalizations for this disorder (list dates): Surgery for this disorder (list dates): Colonoscopy (date of most recent): Isse list current medications Name of Medication Dosage there any other health issues? (Additional Questionnaires may be	Male	r:	Male	Male Female Height: Weight:	Male	