CROHN'S DISEASE/ULCERATIVE COLITIS

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Diagnosis: _____ 2. Date of initial diagnosis: _____

2. Blood in stools? ☐ Yes ☐ No

3. What type of treatment is client on?

☐ Diet

☐ Medication—if so, what? (accurate name, dosage, and reason)

History of or pending surgeries: ___ Yes ___ No

Details of surgery (date/type):

_____

(Accurate) Name of Medication	Dosage	Reason	Date Started

4. How often does client have attacks? _____ Date of last attack: _____

5. Is condition asymptomatic? ☐ Yes ☐ No Details of symptoms: _____

6. Extent of the colon involved (e.g., only proctitis, left sided disease, entire colon, etc.): _____

7. Does client have any associated conditions (e.g., liver problems, joint disease, etc.) ? ___ No ____Yes; please give details

_____

_____

8. Please describe any changes in weight over the last 12 months: _____

9. Date of most recent colonoscopy and results: _____

10. Are there any other health conditions present? ___ No ____ Yes; Please give details: _____

