Underwriting Questionnaire

Colitis and Crohn's Disease



Producer Name	Phone		Date	\
Client Name	Date of B	irth		
☐ Male ☐ Female Face Amount		Max Premi	um \$	/yr.
☐ Term ☐ Permanent Has the client of	ever used any form	of tobacco (cigarett	es, cigars, pipe, snuff,	etc.)? 🗆 Yes 🗆 No
Frequency	Date of last us	e	Type	
Exact diagnosis	isease			
Date of first diagnosis	Date of most recer	nt episode	Total	number of episodes
Number of episodes in past 6 months Number of episodes in past 5 years				(days, weeks, months) (days, weeks, months)
☐ Mucous colitis ☐	Frequent colon spa Spastic colitis Chronic ulcerative	□ C	requent diarrhea atarrhal colitis rohn's disease	☐ Ulcerative proctitis ☐ Ulcerative proctosigmoiditis ☐ Ischemic colitis
Is the diagnosis considered Mild	□Moderate	<u>S</u>	evere	
Date of last Colonoscopy	Result			
Date of last Sigmoidoscopy	Result			
Any significant effect on day-to-day functionali	y or any time lost	from work as a resul	t of the condition \(\subseteq Y	es No If yes, provide details
Any complications? If yes, please provide details	below:			
Has the client ever been hospitalized for the co	ndition 🗌 Yes 🗌	No If yes, provide o	late(s)	
Name of Medication (prescription or other	rwise)	Dates Used	Quantity Taken	Frequency Taken
			1	

List any other major health problems the client has:



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