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 u	used any form of toba	acco (cigarettes, cigars, pipe,	snuff, etc.)? 🛛 Yes 🔹 No		
Frequency [Date of last use		Туре		
Date of diagnosis Cause	2				
Have any of the following symptoms occurred?	□Stone []Other			
Was the client incapacitated from work due to the pancreatic disorder?					
Was the client hospitalized?					
Was any surgery performed?					
Describe frequency of attacks					

Any alcohol consumption

Yes No If yes, provide details

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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