

MEDICAL HISTORY QUESTIONNAIRE: ULCERATIVE COLITIS

Client Name: _____ Date of Birth: _____

 Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

-
- Never
-
-
- Former
-
-
- Current

 Date Stopped: _____
 Type: _____

Coverage Information:

- Type:
-
- Term
-
- UL
-
- IUL
-
-
- WL
-
- VUL
-
- Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. How often does your client visit his/her physician? _____

3. Date of last visit: _____

4. Type of Inflammatory Bowel Disease:

-
- Chronic Ulcerative Colitis
-
-
- Chronic Proctitis (inflammation in rectum only) _____

5. Please 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): _____

6. Please list current medications

Name of Medication	Dosage	Reason

 7. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____
