Underwriting Questionnaire

Colitis and Crohn's Disease

Please answer all questions applicable to the client's medical history.

Producer Name________________________ Phone ________________________ Date________________________

Client Name________________________ Date of Birth________________________ ☐ Male ☐ Female

Face Amount ____________________ Max Premium $___________ /yr. ☐ Term ☐ Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency________________________ Date of last use ____________________ Type ____________________

Exact diagnosis ☐ Colitis ☐ Crohn's Disease

Date of first diagnosis____________ Date of most recent episode____________ Total number of episodes________

Number of episodes in past 6 months__________ Longest duration______________________________(days, weeks, months)
Number of episodes in past 5 years__________ Longest duration______________________________(days, weeks, months)

What conditions have been diagnosed

- ☐ Irritable bowl syndrome
- ☐ Frequent colon spasms
- ☐ Frequent diarrhea
- ☐ Ulcerative proctitis
- ☐ Mucous colitis
- ☐ Spastic colitis
- ☐ Catarrhal colitis
- ☐ Ulcerative proctosigmoiditis
- ☐ Chronic proctitis (rectum)
- ☐ Chronic ulcerative colitis
- ☐ Crohn's disease
- ☐ Ischemic colitis
- ☐ Other____

Is the diagnosis considered ☐ Mild ☐ Moderate ☐ Severe

Date of last Colonoscopy______________ Result____

Date of last Sigmoidoscopy______________ Result____

Any significant effect on day-to-day functionality or any time lost from work as a result of the condition ☐ Yes ☐ No If yes, provide details

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Any complications? If yes, please provide details below:

Has the client ever been hospitalized for the condition ☐ Yes ☐ No If yes, provide date(s) ________________________

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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