

Crohn's Disease / Colitis / Diverticulitis Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____

Client Name: _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: Universal Life Whole Life Survivorship Term (# of years)

1. What was the proposed insured's diagnosis?

 Crohn's Disease Colitis Diverticulitis

Date of first diagnosis: _____

Date of most recent episode: _____

Total number of episodes: _____

2. Number of episodes in the past six months: _____ Longest duration: _____ (days, weeks, months)

3. Number of episodes in the past five years: _____ Longest duration: _____ (days, weeks, months)

4. What condition(s) have been diagnosed? (Check all that apply.)

<u> </u> Irritable Bowel Syndrome	<u> </u> Frequent colon spasms	<u> </u> Frequent diarrhea
<u> </u> Ulcerative Proctitis	<u> </u> Mucous Colitis	<u> </u> Spastic Colitis
<u> </u> Catarrhal Colitis	<u> </u> Ulcerative Proctosigmoiditis	<u> </u> Crohn's Disease
<u> </u> Chronic Proctitis (rectum)	<u> </u> Chronic Ulcerative Colitis	<u> </u> Diverticulitis
<u> </u> Other: _____		

5. Has the proposed insured ever been hospitalized for the condition? Yes No

If yes, provide date(s): _____

6. Has surgery been done? Yes No

If yes, provide date and type of surgery: _____

If no, has surgery been recommended? Yes No

If yes, when will the surgery be complete: _____

7. Has the proposed insured ever been disabled because of the condition? Yes No

If yes, provide details and dates: _____

8. Is the proposed insured taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s): _____

FAX or E-MAIL to Jeff at 603-778-7918 / jphilibotte@uuinc.com