

## MEDICAL HISTORY QUESTIONNAIRE: COLON POLYPS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information: Type:  Term  WL  UL  VUL  IUL  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. Please note pathology type. (Check all that apply.)

- Hyperplastic
- Tubular
- Tubulovillous
- Villous

5. What was the size of the polyp(s)? \_\_\_\_\_

6. Have all the polyps been removed?

- Yes. Please give most recent test results: \_\_\_\_\_
- No

7. Please note date of last follow-up colonoscopy: \_\_\_\_\_

8. Any history of colorectal cancer?

- Yes. Please give most recent test results: \_\_\_\_\_
- No

9. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: