

## 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  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. 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: