

Life Scan Questionnaire for COLITIS/CROHN'S
LIFE INSURANCE RISK EVALUATION AND MARKET SEARCH

For _____ [] Male [] Female

Date of Birth _____ Age _____ State _____

Height _____ Weight _____ [] Non Smoker [] Smoker

Have you ever used tobacco? [] Yes [] No If yes, state month and year of last use of any tobacco product: _____

Type of tobacco used: [] Cigarettes [] Cigars [] Chews [] Pipe
Amt\$ _____ Type: [] Whole Life or Universal [] Term

Last application for life insurance: Year _____ Company _____

Result: [] Preferred [] Standard [] Rated/Rating _____ [] Declined

1. Please note **type** of Inflammatory Bowel Disease Present:

[] **Chronic Ulcerative Colitis**

[] **Crohn's Disease**

2. Date of onset _____

3. Please note severity:

[] **Mild** (up to 4 weeks duration, maximum one attack per year)

[] **Moderate** (4 to 6 weeks duration, 2 attacks per year)

[] **Severe**

4. Note **location(s) of Ulcerative Colitis**

[] Large Colon

[] Small Bowel

5. Date if last attack or bout? _____

6. **Treatment.** (Answer all that apply)

Medication, type and dosage _____

[] Surgery, Type

Month _____ Year _____

[] Resection with total Colectomy Month _____ Year _____

[] Resection with partial Colectomy Month _____ Year _____

[] Last Hospitalization Month _____ Year _____

7. List any related complications, if any _____

Life Factors

Date of last stress EKG

Month ____ Year ____ [] Never

Family History, has either parent or any sibling died before age 65?

[] Yes [] No If yes, please list cause and age.

Blood Pressure, with or without medication _____ / _____
List medication, if any

Result of last **Cholesterol** test, if known _____

List all **Other Illnesses** not listed on this page.

List all medications currently being used except those previously listed.

(name, dosage and times per day)

Agent Information

Name _____

Address _____ Suite _____

City _____

ST ____ Zip _____ email _____

Telephone _____

LIFE INSURANCE SOLUTIONS

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This is not an application for life insurance. The information contained herein will be used solely for the purpose of assessing which insurance carriers are likely to respond most favorably to the risk situation as stated above. The questions and answers listed will be used in the evaluation of the person listed above. All quotes are tentative, and are subject to the submitted medical evidence and other criteria used in the underwriting of life insurance. **Copyright 1997 George Varanakis**