

Bowel Disease Questionnaire

Visit our website www.victorson.com

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

Smoker? Yes No

Has client ever been declined or rated for life or disability insurance?

Have you ever been diagnosed with (circle) Crohn's Disease Diverticulitis Irritable Bowel Syndrome Colitis

Dates of initial and subsequent diagnoses _____

Have you had surgery(ies) for this? Dates? _____

Most recent colonoscopy date _____

Medications currently taken:

Type	End of treatment	Frequency of Use	How Taken	Dates: From - To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Recent blood pressure _____ Have you been diagnosed with diabetes? _____ Recent A1C _____

Any family history of Heart Disease, diabetes, or cancer? _____

The client is: Working On disability

List any other major health problems the client has:

Please provide any pathology report if available