

QUICK QUOTE

Crohn's Disease

Ulcerative Colitis

**Nashville
Brokerage**

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Client Name _____ Sex _____ DOB _____ AGE _____ HT _____ WT _____ State _____

Amt. requested \$ _____ Annual Premium \$ _____ Type of Insurance UL _____ Term _____

Tobacco use No _____ Yes _____ Type _____ Amt of Insurance in force _____ Replacement _____

Occupation _____ Marital Status Single Married Divorced Widowed

Family History- Age if still living: Father _____ Mother _____ Brothers _____ Sisters _____

Any deceased? If so give relation, age and cause of death of each _____

Do you exercise regularly? Yes _____ No _____ Details _____

Date of last medical checkup _____ Date of last EKG _____ Results of EKGs _____

Are you treated for Hypertension? Yes _____ No _____ Last Blood Pressure Reading _____/_____

Are you treated for Cholesterol? Yes _____ No _____ Last Cholesterol HDL Readings _____/_____

Agent: Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

1 List date of diagnosis _____

2 Please note type of Inflammatory Bowel Disease (Circle type)

Chronic Ulcerative Colitis

Chronic Proctitis

Crohn's disease

3 Note severity

Mild (up to 4 weeks duration maximum of one attack per year)

Moderate (4 to 6 weeks duration with up to 2 attacks per year)

Severe (over 6 weeks duration 3 or more attacks per year)

4 Date of Last Attack _____

5 Please detail treatment involved (Circle all that apply)

Medication. Type and dosage _____

Surgery _____

Resection with total colectomy. Date _____

Resection with partial colectomy. Date _____

Hospitalization. Date _____

6 Have there been any other complications or impairments. Circle all that apply

Liver disorder or elevated Liver function test Anemia

GI Bleeding, Arthritis

7 List any other illnesses or impairments and all medications taken? _____