Crohn's Disease Questionnaire

Submit This Form with your application for better informed underwriting

Client Information

Client Name:				
DOB:	**Gender**	**Height**	**Weight**	**Marital Status**
Occupation & Length of Employment:				
Tobacco Use	Never Used	Totally Stopped	Current User	
		Date Stopped	**Type Used**	
Type of Coverage	Term	UL	Survivor	**Amount $**

Essential Information				
1	Date of Diagnosis		Any blood in stools?	☐ Yes ☐ No
2	What type of treatment is client on	☐ Diet ☐ Medication – if so, please list below		
3	List current medications (accurate name, dosage and reason)			
4	How often does client have attacks?			
5	Is condition asymptomatic?	☐ Yes ☐ No		
6	List any other health issues.			

Don Boozer & Associates
P: 1-800-543-0886
F: 1-888-543-0886