PANCREATITIS

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. List the date when first diagnosed: _____

2. What type of pancreatic disorder was diagnosed?

☐ Cyst, Pseudocyst ☐ Abscess ☐ Pancreatitis ☐ Stone

☐ Other; please give details _____

3. Was client incapacitated from work due to the pancreatic disorder? ☐ No ☐ Yes; when and for how long

_____

_____

4. Was client hospitalized? ☐ No ☐ Yes; (give dates and how long below)

Date: _____ Duration _____

Date: _____ Duration _____

Date: _____ Duration _____

5. Was any surgery performed? ☐ No ☐ Yes; please give details

_____

_____

6. If pancreatitis, describe frequency of attacks and date of most recent attack:

_____

_____

7. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

8. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

