

PANCREATITIS

CLIENT NAME.			Data
CLIENT NAME:	Height: '	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:	••	Premium:	
		Y 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:			
C C			
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? \Box No \Box Yes; when and for how long			
		· · · · · · · · · · · · · · · · · · ·	
4. Was client hospitalized?			
Date:			
Date:			
5. Was any surgery performed? 🗌 No 🔲 Yes; please give details			
6 If paparastitia, describe frequency	of attacks and data of most recent a	ttool	
6. If pancreatitis, describe frequency of attacks and date of most recent attack:			
7. List all medications client is taking.	(accurate name docade and reaso	n)	
(Accurate) Name of Medication	Dosage	Reason	
8. Are there any other health problems? (additional questionnaires may be required) 🛛 🗆 No 🔂 Yes; please give details			