



Crohn's Disease Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:		
Height and Weight:		
Date of or Age at First Diagnosis:		
Date of most recent severe episode, if different from date of diagnosis:		
	<45 years (age at diagnosis)	> or = 45 years (age at diagnosis)
< or = 6 months from diagnosis and/or severe episode	Postpone	
> 6 months from diagnosis and/or severe episode with stable symptoms	Table C*	Table B*
Single episode of Crohn's > or = 10 years ago, no medication for 5 years	Standard possible	
Two severe episodes in past year or 3 severe episodes in past 2 years	Table F	
Others, evidence of sclerosing cholangitis or dysplasia on biopsy	Decline	
Please check if your client has had:	<input type="checkbox"/> Hospitalizations for this disorder (dates): _____ <input type="checkbox"/> Surgery for this disorder (dates): _____ <input type="checkbox"/> Colonoscopy (date of most recent): _____	
Medications being taken, including daily oral steroids (provide dosage and frequency of use):		
Have you ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.		
*One table credit if no significant episode and no medication except aminosalicylate products for five years, colonoscopy within 2 years, and current normal LFT's. *Additional one table for daily oral steroids (< or = 10mg Prednisone).		

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.