

# 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

\_\_\_\_\_

