

## PANCREATITIS QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

- (1) *Date of first diagnosis:* \_\_\_\_\_ Diagnosed as:  Acute  Chronic
- (2) *Approximate dates of additional episodes, if any:* \_\_\_\_\_
- (3) *Known Cause?*  Alcohol  Gall Stones  Other: \_\_\_\_\_
- (4) *If multiple episodes, time since recovery?* \_\_\_\_\_
- (5) *Any Complications?*  No  Yes; please describe \_\_\_\_\_

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(6) *Has any surgery been done?*  No  Yes; please describe \_\_\_\_\_  
 \_\_\_\_\_ When? \_\_\_\_\_

(7) *Does the proposed insured currently consume alcohol? If yes, please describe alcohol usage?*  Yes  No  
 \_\_\_\_\_

(8) *If there is no current alcohol use, indicate approximate date of last alcohol use:* \_\_\_\_\_

(9) *If there is a past history of alcohol abuse, does the proposed insured attend AA or similar?*  Yes  No

(10) *Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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