

MEDICAL HISTORY QUESTIONNAIRE: COLON POLYPS

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current
 Date Stopped: _____ Type: _____

Coverage Information:
 Type: Term UL IUL
 WL VUL Survivorship
 Face Amount: _____
 Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. How often does your client visit his/her physician? _____

3. Date of last visit: _____

4. Please note pathology type. (Check all that apply.)

Hyperplastic
 Tubular
 Tubulovillous
 Villous

5. What was the size of the polyp(s)? _____

6. Have all the polyps been removed?

Yes. Please give most recent test results: _____

No

7. Please note date of last follow-up colonoscopy: _____

8. Any history of colorectal cancer?

Yes. Please give most recent test results: _____

No

9. Please list current medications

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____
