APIM
American Partners Insurance Marketing Inc.

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MEDICAL HISTORY QUESTIONNAIRE: CROHN'S DISEASE

Client Name: ______________________ Date of Birth: ______________

Gender: ☐ Male ☐ Female Height: ____________ Weight: ____________

Tobacco Usage:
☐ Never
☐ Former Date Stopped: ____________
☐ Current 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 check if your client has (had) any of the following:
   ☐ Hospitalizations for this disorder (list dates): ____________
   ☐ Surgery for this disorder (list dates): ____________
   ☐ Colonoscopy (date of most recent): ____________
5. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: ____________