NAILBA
NAILBA University

CROHN'S DISEASE

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 ☐ Disability **Coverage Amount:** ______________

Annual Income:______________ **Occupation/Job duties:** ______________ **State of Residence:** ______________

Anticipated Premium: ______________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by 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. Date of first diagnosis: ______________________

2. Blood in stools? ☐ Yes ☐ No

3. What type of treatment is client on?

☐ Diet

☐ Medication—if so, what? (accurate name, dosage, and reason)

History of or pending surgeries: ___ Yes ___ No

Details of surgery (date/type):______________________

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(Accurate) Name of Medication	Dosage	Reason

4. How often does client have attacks? ______________________

5. Is condition asymptomatic? ☐ Yes ☐ No Details of symptoms: ______________________

7. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

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