

## MEDICAL HISTORY QUESTIONNAIRE: COLON POLYPS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:

Coverage Information:

Never

Type:  Term

UL

IUL

Former Date Stopped: \_\_\_\_\_

WL

VUL

Survivorship

Current Type: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_