



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Crohn's Disease Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

CROHN'S DISEASE INFORMATION

1. Date of first symptoms: _____

2. Date of diagnosis: _____

3. How was it diagnosed? _____

4. By history? Yes No

5. By x-ray studies? Yes No

6. By biopsy of bowel? Yes No

7. Current symptoms: _____

8. Current medications: _____

a. If on Steroids, Type? _____

b. Dosage: _____

c. How long have you been on them? _____

9. Any surgery?

a. Yes No

b. If yes, when? _____

10. Additional Comments? _____

