

Return to - jim@uswolfe.com or Fax to 815-377-3556

Policy Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Peptic Ulcer Questionnaire

Broker \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

Policy Type:  Term  UL  Whole Life  LTC  DI

*If your client has a history of Peptic Ulcer disease, please answer the following:*

① Please list date of first diagnosis: \_\_\_\_\_



Please note how the ulcer was treated:

Medications only, please give details \_\_\_\_\_

Surgery only, please give date and type of surgery? \_\_\_\_\_

\*Was repeat surgery required? \_\_\_\_\_

Both, please give details? \_\_\_\_\_



Have there been any recurrences or more than one episode?

yes, please give details: \_\_\_\_\_

no



Is your client on any other medications?

yes, please give details: \_\_\_\_\_

no



Has your client smoked cigarettes in the last 12 months?

yes

no



Does your client have any other major health problems?(example: cancer, etc.)

yes, please give details \_\_\_\_\_

no

Agents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_