

**PANCREATITIS QUESTIONNAIRE**

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____		<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth: _____	
Face Amount: _____	Max. Premium: \$ _____/year	<input type="checkbox"/> UL	<input type="checkbox"/> WL	<input type="checkbox"/> Term	<input type="checkbox"/> Survivorship
Do you currently smoke cigarettes? <input type="checkbox"/> Y <input type="checkbox"/> N		If no, did you ever smoke: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____			
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N					
If Yes, please provide details: _____					
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____					

- (1) **Date of first diagnosis:** \_\_\_\_\_ Diagnosed as:  Acute  Chronic
- (2) **Approximate dates of additional episodes, if any:** \_\_\_\_\_
- (3) **Known Cause?**  Alcohol  Gall Stones  Other: \_\_\_\_\_
- (4) **If multiple episodes, time since recovery?** \_\_\_\_\_
- (5) **Any Complication?**  No  Yes; please describe \_\_\_\_\_

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

- (6) **Has any surgery been done?**  No  Yes; please describe \_\_\_\_\_  
When? \_\_\_\_\_
- (7) **Does the proposed insured currently consume alcohol? If yes, please describe alcohol usage?**  Yes  No  
\_\_\_\_\_
- (8) **If there is no current alcohol use, indicate approximate date of last alcohol use:** \_\_\_\_\_
- (9) **If there is a past history of alcohol abuse, does the proposed insured attend AA or similar?**  Yes  No
- (10) **Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:**  
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