



**INSURANCE  
DESIGNERS**

Barrett's Esophagus  
Questionnaire

Insurance Designers of Central Texas, LLC

12466 Los Indios Trail #100 Austin, TX 78729  
Phone 512-257-9700 FAX 512-257-9701

Today's Date: \_\_\_\_\_ Agent: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Male or Female? \_\_\_\_\_  
Height and weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Month and year diagnosed: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_

2. When was your most recent EGD (month and year)? \_\_\_\_\_  
NOTE: If you are able to fax us a copy of this report as well as the pathology report,  
it will help us get the most accurate tentative quote.

3. Did the EGD show any dysplasia? \_\_\_ Yes \_\_\_ No  
If yes, was it \_\_\_ low grade or \_\_\_ high grade?

4. What medications do you take, reason, dosage and how often?

5. How often do you see your gastroenterologist?  
\_\_\_ Every 6 months \_\_\_ Every 12 months \_\_\_ Other (explain):

6. Has your weight remained stable in the past year? \_\_\_ Yes \_\_\_ No  
If no: Lost \_\_\_\_\_ pounds OR Gained \_\_\_\_\_ pounds

7. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
___ Smokeless	___ daily/monthly/yearly	_____	___ Yes ___ No
___ Cigarettes	___ per day/month/year	_____	___ Yes ___ No
___ Cigar	___ per day/month/year	_____	___ Yes ___ No
___ Patch/Gum	___ per day/month/year	_____	___ Yes ___ No