



## Crohn's Disease/Colitis Questionnaire

Insurance Designers of Central Texas, LLC

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Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

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**NOTE:** If you are able to include a copy of your most recent colonoscopy, including any pathology report, that will help us get a more accurate tentative offer.

1. Date diagnosed (Month and year):
2. Please indicate type of inflammatory bowel disease: \_\_\_ Crohn's Disease \_\_\_ Colitis
3. If Colitis, note location: \_\_\_ Large colon \_\_\_ Small bowel
4. Please note the severity:  
\_\_\_ Mild (up to 4 weeks duration, maximum 1 attack per year)  
\_\_\_ Moderate (4 to 6 weeks duration, 2 attacks per year)  
\_\_\_ Severe
5. How often do you have an attack, and when was your most recent attack?
6. How often do you have a colonoscopy, and when was your most recent colonoscopy? What were the results?
7. Have you ever been hospitalized? \_\_\_ Yes \_\_\_ No  
If so, list dates, tests performed, and outcome.
8. Is condition currently asymptomatic? \_\_\_ Yes \_\_\_ No  
If yes, for how long?

9. Has there ever been any blood in stools? \_\_\_ Yes \_\_\_ No  
If yes, list dates.

10. What type of treatment are you on?

\_\_\_ Diet (list type of diet): \_\_\_\_\_

\_\_\_ Medication (list accurate name and dosage): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_