



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Crohn's Disease - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has Crohn's Disease, please answer the following:

1. Please list date of first diagnosis: _____
2. Is your client on any medication
 yes, please give details _____
 no
3. Please check if your client has had
 hospitalizations for this disorder (list dates) _____
 surgery for this disorder (list dates) _____
 colonoscopy (list dates of most recent) _____
4. Please note client's build:
Height _____ Weight _____
5. Is your client on any medications (prescription and/or non-prescription)?
 yes, please give details _____
 no
5. Has your client smoked cigarettes in the last 12 months
 yes, please give details _____
 no
6. Does your client have any other major health problems (ex: heart disease, etc.)
 yes, please give details _____
 no