



## J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

### Ulcerative Colitis - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

If your client has a history of Ulcerative Colitis, please answer the following:

1. Please list date of first diagnosis \_\_\_\_\_
2. Please note the type of inflammatory bowel disease present
  - Chronic Ulcerative Colitis
  - Chronic Proctitis (inflammation in rectum only)
3. Is your client on any medication
  - yes, please give details \_\_\_\_\_
  - no
4. 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) \_\_\_\_\_
5. Please note client's build:  
Height \_\_\_\_\_ Weight \_\_\_\_\_
6. Has your client smoked cigarettes in the last 12 months?
  - yes
  - no
7. Does your client have any other major health problems (ex: heart disease, etc.)
  - yes, please give details \_\_\_\_\_
  - no