



Barrett's Esophagus Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/ F

Tobacco Usage: _____

Face Amount: _____

____Term 10 15 20 30 __UL

1. When was the proposed insured diagnosed with Barrett's Esophagus? _____

2. Has the proposed insured had a Endoscopy/Biopsy? ____Yes ____No

(If yes, please provide the following):

Dates: _____

3. Did the biopsy indicate dysplasia? ____Yes ____No

4. Does the proposed insured ever experienced any of the following:

____ Frequent Heartburn

____ Weight Loss

____ Pain

____ Difficulty swallowing

____ Other

5. Is the proposed insured taking any medication for this condition or any other? ____Yes ____No

(If yes, please provide the name, dosage and frequency of all medications): _____
