



Diverticulitis Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/ F

Tobacco Usage: _____

Face Amount: _____

____Term 10 15 20 30 ____UL

1. Date of first diagnosis: _____

2. What condition(s) have been diagnosed?

____Diverticulosis

____Diverticulitis

____Diverticular hemorrhage

other: _____

3. Has the proposed insured ever been hospitalized for the condition? ____Yes ____No

(If yes, please provide date(s)):

4. Has surgery been recommended? ____Yes ____No

(If yes, when will the surgery be completed?) _____

5. Has surgery been done? ____Yes ____No (If yes, please list dates and type of surgery (ies)):

6. Has the proposed insured ever been disabled because of the condition? ____Yes ____No

(If yes, dates):

7. Is the proposed insured taking any medications for this condition or any other? ____Yes ____No

(If yes please provide name, dosage, and frequency):
