



## Pancreatitis Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

State of Residence: \_\_\_\_\_

\_\_\_Term 10 15 20 30      \_\_\_UL

1. When was the proposed insured diagnosed with Pancreatitis? \_\_\_\_\_

2. Is there any history of alcohol abuse and/or treatment for alcoholism? \_\_\_Yes \_\_\_No  
(If yes, please provide details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the proposed insured have any of the following symptoms: (Check all that apply)  
\_\_\_Nausea and vomiting      \_\_\_Fever      \_\_\_Fast heart rate      \_\_\_Sweating  
\_\_\_Diarrhea      \_\_\_Weight loss      \_\_\_Jaundice

4. Has the proposed insured been diagnosed with diabetes? \_\_\_Yes \_\_\_No  
(If yes, please complete a Diabetic Questionnaire Form)

5. Has the proposed insured ever been hospitalized for this condition? \_\_\_Yes \_\_\_No  
(If yes, please provide details):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the proposed taking any medication for this, or any other, condition? \_\_\_Yes \_\_\_No  
(If yes, please provide name, dosage, and frequency):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_