



MEDICAL HISTORY QUESTIONNAIRE: COLON POLYPS

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

Never
 Former Date Stopped: _____
 Current Type: _____

Type: Term UL IUL
 WL VUL Survivorship

Face Amount: _____
Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. How often does your client visit his/her physician? _____

3. Date of last visit: _____

4. Please note pathology type. (Check all that apply.)

- Hyperplastic
- Tubular
- Tubulovillous
- Villous

5. What was the size of the polyp(s)? _____

6. Have all the polyps been removed?

- Yes. Please give most recent test results: No _____
- _____

7. Please note date of last follow-up colonoscopy: _____

8. Any history of colorectal cancer?

- Yes. Please give most recent test results: No _____
- _____

9. Please list current medications

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required) If yes, No Yes

please provide details:

