

Crohn's Disease

Name Male Female Age Date of Birth

Tobacco Use No Cigarettes Other tobacco Date quit?

State Amount of Insurance Type of Insurance

Occupation/Source of income:

Crohn's Disease

1. Date of onset:
2. Multiple episodes Date of last episode: One attack only- date:
3. Severity: Mild (short duration, maximum 1 attack/year)
 Moderate (duration 4-8 weeks, 2 attacks/year)
 Severe (over 8 weeks duration, 3 or more attacks/year)
4. Location (s) of Crohn's Disease: Large Colon Small bowel
5. Treatment: List all medications:
 Surgery Number of surgeries
 Resection with partial or complete colectomy, Date:
6. Other complications or medical impairments, specify details:

General Questions:

1. Do you have any other major health problems? No Yes – Details:

2. List all medications:

3. Height: Weight : Most recent blood pressure reading:

Agent Name:

Address: **City:** **State:** **Zip:**

Phone: **Fax:** **Email:**
