

# MEDICAL HISTORY QUESTIONNAIRE: COLON POLYPS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:

Never  
 Former Date Stopped: \_\_\_\_\_  
 Current Type: \_\_\_\_\_

Coverage Information:

Type:  Term  UL  IUL  
 WL  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



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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 (including aspirin):

NAME OF MEDICATION	DOSAGE	REASON

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

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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