

ULCER QUESTIONNAIRE
(Complete all Questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated/relationship to applicant: _____

1. Please indicate type of ulcer: Gastric Duodenal Peptic
Other(specify) _____

2. Details of ulcer history:

a. First episode

b. Last episode

Date: _____

Duration: _____

Location: _____

Treatment: _____

Number of episodes/ flare-ups in the last 4 years? _____ Is ulcer now present? Yes No

3. Have you ever had any complications (such as anemia, vomiting blood, blood in stool, perforation, other?)
 Yes No. If yes, provide date(s) of incident and details: _____

4. Have you had surgery for the ulcer or is surgery anticipated in the future? Yes No.
If yes, provide complete details regarding date(s) of surgery, type of surgery and advise if any symptoms since surgery? _____

5. Was medication prescribed? Yes No

Name of Medication:	Dosage:	Frequency (ie., daily, as needed)
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6. Are you still on medication? Yes No. If no, when was medication discontinued? _____

7. Recent lab test or special studies (x-ray, Upper GI, other?) _____
Results of test: Normal Abnormal Unknown

8. Do you now use tobacco products? Yes No

9. Name and address of treating physician: _____

10. What is your current height? _____ weight? _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand that the insurer will rely on these statements when determining eligibility.

Signature of person treated (or parent / guardian if under 18)

Date