APPLICATION NUMBER

DIGESTIVE TRACT QUESTIONNAIRE
AMERICAN INCOME LIFE INSURANCE COMPANY
PO BOX 2608
WACO, TX 76797

PLEASE INDICATE APPROPRIATE APPLICANT'S NAME IN SHADED AREA

NAME _____

1. Have you ever had or been treated for ☐ ulcerative colitis, ☐ ulcerative proctitis, ☐ Crohn's disease (regional enteritis), ☐ spastic colitis, ☐ irritable bowel syndrome (IBS), or ☐ other digestive tract disorder? _____ (specify)

   Date Diagnosed: _____

2. Have you ever had a colonoscopy? ☐ Yes ☐ No

   Date of your last colonoscopy: _____

   Name, address and phone number of facility where performed: _____

   _____

3. Name, address and phone number of physician with current records: _____

   _____

4. Have you ever had any type of surgery for digestive tract disorders? ☐ Yes ☐ No

   List all surgeries:

   Type of Surgery _____ Date _____ Type of Surgery _____ Date _____

   Type of Surgery _____ Date _____ Type of Surgery _____ Date _____

   Type of Surgery _____ Date _____ Type of Surgery _____ Date _____

5. Was your colon removed? ☐ Yes ☐ No Was your rectum removed? ☐ Yes ☐ No

6. Were you ever hospitalized for this condition (other than for surgery)? ☐ Yes ☐ No

   Date hospitalized _____ Duration _____

   Date hospitalized _____ Duration _____

   Date hospitalized _____ Duration _____

7. In the past 2 years, have you had any of the following symptoms? ☐ bleeding, ☐ weight loss, ☐ frequent diarrhea, ☐ abdominal pain, ☐ other _____ (specify)

   What are the frequency of your symptoms? _____

8. Are you currently taking any medications to control this condition? ☐ Yes ☐ No

   Medications _____ Dosage _____ Frequency _____

   Medications _____ Dosage _____ Frequency _____

   Medications _____ Dosage _____ Frequency _____

9. Have you missed time from work due to these symptoms? ☐ Yes ☐ No

   Date _____ Length of time missed _____

   Date _____ Length of time missed _____

   Date _____ Length of time missed _____

10. Do you suffer from any complications such as severe arthritis, cirrhosis or hepatitis? ☐ Yes ☐ No

X _____ _____ X _____ _____

Signature of Applicant Date Signature of Agent Date

AG-2471

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