beneva

Questionnaire
Gastrointestinal disorder

First and last names of insured: ______________________________

Y Y Y Y M M D D
Date of birth

____
Policy/application number

1. **What is the nature of the gastrointestinal disorder:**

☐ Crohn's disease ☐ Ulcerative colitis ☐ Polyp ☐ Cirrhosis ☐ Hepatitis, type: ____ ☐ Pancreatitis ☐ Any other gastrointestinal disorders (specify): ______________

2. **Date of first symptom/episode** Y Y Y Y M M D D **Date of last symptom/episode** Y Y Y Y M M D D

3. **Frequency of symptoms/episodes:** ______________________________

4. **Have you ever had an ultrasound, colonoscopy, gastroscopy or any other tests for any of the conditions mentioned above?** ☐ **Yes** ☐ **No**

If yes, complete the following table:

Name of test or exam	Date	Result

5. **Were any follow-up tests or examinations recommended?** ☐ **Yes** ☐ **No**

If yes, specify the test/examination, the date and results (if applicable): ______________________________

____

6. **Were you prescribed any medications or treatments?** ☐ **Yes** ☐ **No**

If yes, complete the following table:

Name of medication/treatment	Frequency of use	Date of last use

7. **Have you ever been hospitalized for this condition?** ☐ **Yes** ☐ **No**

If yes, reason: ______________________________

Date: Y Y Y Y M M D D Duration: ______________

8. **Have you ever had surgery for this condition?** ☐ **Yes** ☐ **No**

If yes, type of surgery: ______________________________ Date: Y Y Y Y M M D D

9. **Did you take time off from work due to this condition ?** ☐ **Yes** ☐ **No**

If yes, specify date and duration of time off: Date Y Y Y Y M M D D Duration: ______________

Date Y Y Y Y M M D D Duration: ______________

Date Y Y Y Y M M D D Duration: ______________

10. **Please indicate the name and address of the doctors and/or specialists consulted for this condition.** If none, check this box: ☐ **None**

Name	Address	Date of last consultation

11. **Additional information:**

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12. **Declaration**

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

X ______________________________ Y Y Y Y M M D D

Signature of insured (signature of the father, mother or legal guardian if the insured is minor) Date

Protection of personal information

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