



## Barrett's Esophagus

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Has the client had any of the following treatments

Follow-up endoscopy(s) Date(s) \_\_\_\_\_  
 Surgery Date \_\_\_\_\_

Are any of the following present **(if yes, provide pathology report)**

- Dysplasia - low grade
- Dysplasia - high grade
- Metaplasia

Is the client on any medications

Yes Provide details \_\_\_\_\_  
 No

Alcohol usage

Type \_\_\_\_\_  
Frequency \_\_\_\_\_

List any other major health problems the client has: