



COLITIS/IRRITABLE BOWEL SYNDROME QUESTIONNAIRE
(Complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated/relationship to applicant: _____

1. Was diagnosis of condition Ulcerative colitis, Spastic colon, Diverticulosis or Diverticulitis ? Yes No
(If yes, which condition?) _____
(If no, explain exact diagnosis: _____
What was the cause? _____
2. Date of first episode? _____ Date last treated? _____ # episodes in last year? _____
3. How many attacks/episodes/flare ups have you had since the initial diagnosis? _____
Date of last attack/episode/flare up? _____

(Circle the most accurate description for each column below:)

Attack Duration	Attack Frequency	Weight Loss	Abdominal Pain and attack
Up to 4 weeks	1 per year	None	Mild
4-6 weeks	2 per year	10 lbs. or less	Moderate
over 6 weeks	3 per year	over 10 lbs.	Extreme

4. Have you had any of the following test:
 Blood Test Date: _____ Barium Enema Date: _____
 Colonoscopy Date: _____ Sigmoidoscopy Date: _____
 Pathology/Biopsy Date: _____
5. Have you been hospitalized or had surgery for this or any other related condition: Yes No.
If yes, what type of surgery? _____ Date(s): _____
Details: _____

6. Are you on a special diet or do you use regular medication for this condition? Yes No

Name of Medication:	Dosage	Frequency (ie, daily, as needed)
_____	_____	_____
_____	_____	_____

7. Have you ever taken or been advised to take any type of steroids (oral/suppositories) or azulfidine/sulfasalazine Yes No. If yes, give name of medications and dates taken: _____

8. What is your current height? _____ and weight? _____

9. Name and address of treating physician: _____

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

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