



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)** _____

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

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