



GASTROINTESTINAL DISORDER QUESTIONNAIRE

NAME _____ FILE _____

1. Have you experienced any of the following?

- Abdominal Pain Bleeding Ulcer Blood in stool Black stool
- Diarrhea Difficulty swallowing Jaundice Vomiting
- Weight loss Other – provide details _____

2. Have you ever suffered from or been told you have:

- Cirrhosis Crohn's disease Duodenal ulcer Fatty liver
- Food allergy Gallstones Heart burn/reflux Hepatitis
- Hiatus Hernia Indigestion Irritable bowel syndrome Pancreatitis
- Proctitis Stomach ulcer Ulcerative colitis Other

3. Provide details of symptoms: _____

Date first episode _____ Last episode _____ Frequency of episodes _____ Duration _____
 What causes an attack: _____ What provides relief: _____

4. Have you ever had any diagnostic test for this condition? Yes No

If **Yes**, provide details: _____

5. Have you ever been hospitalized or had surgery for your gastrointestinal problem? Yes No

If **Yes**, provide dates/details: _____

6. How long have you been symptom-free? _____

7. What is your current status and treatment? _____

8. Was any cause or diagnosis given? Yes No

If **Yes**, provide details: _____

9. Any follow-up/pending consultations, diagnostic tests or medical procedures for this condition? Yes No

If **Yes**, provide details: _____

10. Please give full name and address of physicians you consulted and dates seen.

DECLARATION:

I declare that the answers and statements to the above questions are complete and true to the best of my knowledge and belief. I understand they will form part of my application for insurance on my life.

I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) the Company may void this policy.

Date _____ Signature of Proposed Insured _____

PLEASE RETURN FORM TO:

The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, TEL: 1-888-997-9965, FAX: 1-888-985-3872