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