



# Crohn's and Colitis Pre-Assessment Inquiry Form

<b>Email completed form back to SRI: expert@srisks.co.nz</b>	
<b>Alternatively mail to: PO Box 39-125, Wellington Mail Centre.</b>	
Applicant's Full Name:	
Contact details: Email:	Mobile phone:
Amount of Life Insurance required: \$	Other Insurance Benefits <i>(if available)</i> : <b>Yes / No</b>
Other Benefits required:	
Occupation(s):	
Date of Birth:	Smoker: <b>Yes / No</b> Height:      Weight:
Date Crohn's, Colitis, or IBD was first diagnosed:	
Date of last episode:	
Frequency of episodes:	
Diagnosis <i>(please circle)</i> : (a) Proctitis, (b) Proctosigmoiditis, (c) Pancolitis, (d) Crohn's Disease, or (e) Colitis	
If Colitis, what type if known:	
What treatment do you receive? (Dietary advice, regular exercise, drugs, etc) Advise name and total daily dosage:	
Are you compliant with your therapy treatment? <b>Yes / No</b>	
Date of most recent attack requiring steroids:	
Has your condition <u>ever</u> been described as less than satisfactory, or poorly controlled? <b>Yes / No</b>	
If Yes, when was this, how long for:	
Advise date and result of your most recent colonoscopy:	
Ever had surgery? <b>Yes / No</b> If so, when and type:	
Is surgery contemplated or likely? <b>Yes / No</b> If yes, please Rate 1-5, <i>(with 5 being extremely likely)</i> :	
Have you ever had any of the following:	
Raised Liver Function Tests	<b>Yes / No</b>
Dysplastic or malignant change on biopsy	<b>Yes / No</b>
Sclerosing cholangitis	<b>Yes / No</b>
Skin Ulcers or Pyoderma gangrenosum	<b>Yes / No</b>
Other extra-colonic manifestations	<b>Yes / No</b>
Multiple surgeries	<b>Yes / No</b>
Special enteral diet or parenteral nutrition	<b>Yes / No</b>
If Yes, provide full details & date(s):	
Have, or do, you suffer from any <u>other</u> medical or condition, or disease not already mentioned? <b>Yes / No</b>	
If Yes, full details of condition including dates, <u>and</u> current medications:	
Have you ever had a life insurance application declined or deferred for a period of time? <b>Yes / No</b>	
If Yes, when was this and the reason for terms given?	
Any other additional comments:	

**Note:** Any additional medical information that you can provide to support this pre-assessment would be very helpful, e.g. most recent gastroenterologist report, copy of blood screening etc...