

Crohn's Disease

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

Crohn's Disease

1. Date of onset:

2. Multiple episodes Date of last episode: One attack only- date:

3. Severity: Mild (short duration, maximum 1 attack/year)

Moderate (duration 4-8 weeks, 2 attacks/year)

Severe (over 8 weeks duration, 3 or more attacks/year)

4. Location (s) of Crohn's Disease: Large Colon Small bowel

5. Treatment: List all medications:

Surgery Number of surgeries _____

Resection with partial or complete colectomy, Date: _____

6. Other complications or medical impairments, specify details:

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight : _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____