



Barrett's Esophagus

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

Has the client had any of the following treatments

Follow-up endoscopy(s) Date(s) _____
 Surgery Date _____

Are any of the following present **(if yes, provide pathology report)**

- Dysplasia - low grade
- Dysplasia - high grade
- Metaplasia

Is the client on any medications

Yes Provide details _____
 No

Alcohol usage

Type _____
Frequency _____

List any other major health problems the client has:

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.