



**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

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