

PANCREATITIS

PRODUCER NAME: _____

CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List the date when first diagnosed: _____

2. What type of pancreatic disorder was diagnosed?
 Cyst, Pseudocyst Abscess Pancreatitis Stone
 Other

3. Was client incapacitated from work due to the pancreatic disorder?
 no
 yes: when and for how long? _____

4. Was client hospitalized? no yes (give dates and how long below)
Date _____ Duration _____
Date _____ Duration _____
Date _____ Duration _____

5. Was any surgery performed?
 no
 yes; give details _____

6. If pancreatitis, describe frequency of attacks and date of most recent attack:

7. Is client on any medications? (accurate name, dosage, and reason)

Please fax to 612-392-7644 or email to mvp@mvp-servicesolutions.com