

Gastro-intestinal disorders questionnaire - Applicant

Full name:

Application number:

1. From which gastro-intestinal disorder do/did you suffer?

2. Regarding your symptoms:

a) Please describe your symptoms.

b) When did your symptoms first occur?

c) How frequently do symptoms occur, i.e. how often in the last 12 months?

d) When was the last occurrence of symptoms?

e) Are your symptoms related to any particular factor, e.g. stress, alcohol, diet, etc.?
If YES, please provide details and what you do to avoid these factors.

Yes No

3. Medical care:

a) Please advise name and address of the medical professional who you attend regarding your condition.

b) How often do you attend and when was your last appointment?

c) Have you been investigated for this condition or is any such investigation planned?
If YES, please provide details including dates of investigations and results.

Yes No

4. Treatment:

a) Have you had surgery for this condition, or is any surgery planned?

Yes No

If YES, please provide date(s) and full details including names of hospital and consultant/surgeon.

b) Please provide details of any medication taken for your condition in the last two years, e.g. Zantac, Gaviscon, etc. and advise how often taken.

c) If you no longer require treatment, including non-prescription drugs, please advise when last taken.

5. Please advise dates and duration of any time lost from work due to this condition?

6. Habits:

a) How much alcohol do you consume per week?

If none, please advise whether a life-long non-drinker or on what date you stopped drinking and why.

b) Have you ever smoked cigarettes or any other form of tobacco?

If YES, how much do you smoke daily or weekly?

If you have stopped smoking, please advise the date stopped.

7. Please provide any additional information on your condition which you feel may be helpful in processing your application.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date