

Kidney and urinary disorders questionnaire - Applicant

Full name:

Application number:

1. Please state the diagnosis as advised to you by your doctor.

2. If the precise diagnosis is not known, please fully describe your symptoms and indicate what your doctor said may be the cause.

3. Regarding your symptoms:

a) When did these first occur?

b) How frequently do symptoms occur, i.e. how often in the last 2 years?

c) Are you now free of symptoms?

Yes No

If YES, when were your last symptoms?

If NO, what symptoms do you still have?

4. 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 had any investigations related to your condition, or are you awaiting any such investigations?

Yes No

If YES, please provide details including nature of these and dates of investigations and results.

d) Do you, or did you, take any form of medication for this condition?

Yes No

If YES, please provide details including drug names, dosage and when taken.

e) Have you had any surgery, or is this being considered?

Yes No

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

5. Please advise the results of any blood pressure readings taken in the last two years, if known.

6. Has the condition resulted in more than one week off work in the last two years?

Yes No

If YES, please provide details including dates and duration of time off work.

7. Please provide any additional information on your condition which you feel will 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