

# Chest pain questionnaire - Applicant

Full name

1. When did you have the chest pain? If you have had more than one episode, please advise dates of each episode.

2. What diagnosis were you given, or what were you told was the cause of the chest pain.

3. What were you doing when the pain started?

4. Please describe the nature of the pain, e.g. crushing, vice-like, sharp, stabbing, dull ache, vague discomfort.

5. Did the pain radiate outside the chest, e.g. to the shoulders, arms, jaw, abdomen?

6. If you were admitted to hospital because of the pain, please advise the date, how long you were in hospital, and what treatment you received.

7. Have you had any of the following investigations for the chest pain:

ECG Yes  No

Stress test/ Treadmill Yes  No

Coronary angiogram Yes  No

Echocardiogram Yes  No

If YES to any of the above, please provide details of the results.

8. Please advise details of what treatment you were given:

If medication, please advise name, dose, date treatment commenced and if it is still taken.

If surgery, advise full details including the nature of the surgery and where it was performed.

9. Are you awaiting any further investigation or treatment? Yes  No

If YES, please advise what and when this is expected.

10. How long were you off work due to the chest pain? If your ability to work is still in any way limited, please advise details.

11. Do you have, or are you on treatment for, any of the following:

High blood pressure? Yes  No

High cholesterol? Yes  No

Diabetes? Yes  No

Obesity? Yes  No

Smoking? Yes  No

If YES to any of the above, please provide full details.

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