

GYNAECOLOGICAL QUESTIONNAIRE

Name

Application Number

This questionnaire will form part of the application. If you do not understand any question please ask your financial adviser or contact us on 0300 123 3203 and ask for further information.

1. What is the exact diagnosis of your condition? (e.g fibroids, heavy periods, abnormal smear)

--

2. Please describe the nature, site and severity of the symptoms you have suffered.

--

3. How often do you have symptoms and when did you last have symptoms?

--

4. Are you currently consulting a doctor for this condition? If yes what type of doctor are you seeing?

--

5. Have you received any treatment for this? If yes when was this, what treatment did you have and are you still receiving this treatment?

--

6. Have any medical tests been carried out either by your GP or a hospital? If yes what were these tests, when were they carried out and what were the results?

--

7. Are any further medical tests planned? If please provide details

--

8. Have you been off work with this condition? If yes please provide full details including all dates and the duration of time off work.

--

9. Does this condition affect your day to day activities or ability to do your job? If yes please provide details.

--

I declare that the answers I have given are, to the best of my knowledge, true.

I understand that failure to answer the above questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled.

Signature: _____ Date: _____

170419/1000