

## RESPIRATORY 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 if known? (e.g. asthma, bronchitis, chronic obstructive pulmonary disease)

2. When was it diagnosed and what type of doctor diagnosed this?

3. What symptoms do you suffer from and how often do you get symptoms?

4. When did you last have any symptoms?

5. Are you currently taking any treatment? If yes please provide details.

6. Have you taken any other treatment in the past? If yes what have you taken and when? Please include details of any oral steroid treatment.

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7. Have you ever been admitted to hospital with this condition? If yes please provide details?

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8. 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?

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

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10. Do you attend for review or follow up? If so who do you see, how often do you attend, when was your last review and what did they say?

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11. Does anything aggravate your condition (eg dust, cold air etc)? If yes please provide details.

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

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

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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: \_\_\_\_\_

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