

Arthritis questionnaire - Applicant

Proposal No. :

Branch Code :

Full name :

1. Which form of arthritis do you suffer from? If you do not have a precise diagnosis, please describe your symptoms.

2. Which joints are most affected?

3. When was the condition first diagnosed?

4. Do you still have symptoms? Yes No

If YES, are they constant, variable, improving, or progressively worsening?

If NO, when did you last have any symptoms?

5. Treatment:

a) Have you had an operation for this condition, or is an operation being considered? Yes No
If YES, please provide full details of surgery including dates, names of hospital and surgeon and advise how long you were off work after the operation

b) Do you, or did you, require any form of medication or pain killers? Yes No
If YES, please provide names of drugs, dosage and when last taken.

c) Do you receive any other form of treatment, such as physiotherapy? Yes No
If YES, please provide details.

6. Severity:

a) Is there any restriction or limitation on your ability to work? Yes No
If YES, please provide details, including duration of any time off work in last 2 years.

b) Has the arthritis caused you to change or reduce your non occupational activities, e.g. sport, hobbies, mode of transport, etc? Yes No
If YES; please provide details.

c) Do you use a walking stick or any form of mobility aid at home or outside? e.g. stair lift. Yes No
If YES, please provide details.

d) Do you require or receive any form of assistance with basic activities around the house, such as dressing, preparing food, housework, bathing? Yes No
If YES, please provide details.

e) Are you eligible for any form of disability benefit or support from the state, from insurance or from an employer? Yes No
If YES, please provide details including type of benefit and amount received.

7. Please advise name and address of who you consult regarding your arthritis and when you last attended.

8. 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

Name of the Applicant :

Date :