

# Medical Conditions Questionnaire

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QUOTE REF.  
 OR PROPOSAL NO. (IF KNOWN)

Complete the appropriate section only after filling in the Proposal Form.

Name of Life to be Assured

If you suffer, or have suffered at any time, from any of the following conditions, please complete the corresponding section(s) of this Questionnaire :

- |  |  |
|--|--|
| Anxiety/Depression - Section 1                 | Stomach or bowel complaints - Section 6    |
| Arthritis - Section 2                          | Diabetes - Section 7                       |
| Asthma/Bronchitis - Section 3                  | Female complaints - Sections 8 and 9       |
| Epilepsy - Section 4                           | Back Trouble, - Section 10                 |
| High blood pressure - Section 5                | Renal/Urinary Tract Disorders - Section 11 |
| Growths, Cysts, Lumps and Tumours - Section 12 |  |

Please answer only those sections which apply to you. If you require any further space please use back page.

## Section 1 Anxiety/Depression

On what date did you first consult a doctor about this?

How many attacks have you had since then?. When were they?.

Have you ever lost time off work with this complaint?  
 When and for how long?

What tablets have you been prescribed?  
 Are you taking any now?  
 What sort?

When is your next appointment?

Have you been treated as an out-patient at a hospital?  
 When and where?

Have you been treated as an in-patient?  
 When and for how long?  
 At what hospital?  
 What treatment did you receive there?

Was your anxiety/depression triggered by any particular factor?  
 Please say what this was.

Have you ever attempted suicide?  
 Please give brief details and date.

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

## Section 2 Arthritis

What form of arthritis do you have?  
 (for example Rheumatoid Arthritis, Osteoarthritis)

**Osteoarthritis**  
 Which joints are affected?  
 Are your movements restricted?  
 How much?

Section 2 continues overleaf

Have you had, or been advised to have an operation?

If so, please give details and dates.

**Rheumatoid Arthritis**

When was this first diagnosed?

What is the extent of your disability?

What drugs have you been prescribed since diagnosis and which, if any, are you still taking?

Do you have regular checks?

By whom?

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

### Section 3 Asthma/Bronchitis

When was this first diagnosed?

On average, how many attacks do you have each year?

What was the date of the last acute attack requiring consultation with a doctor?

What drugs have you been prescribed since diagnosis?

Which, if any, are you still taking?

Do you have regular check-ups?

How often?

By whom?

Have you ever been admitted to hospital?

When?

Was it an emergency admission?

Have you ever had time off work with asthma and/or bronchitis

if so, when and for how long?

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

### Section 4 Epilepsy

When was this first diagnosed?

Did you have a scan or any other tests?

Please give details of the results of these, if you were told them.

Does anything seem to bring on your attacks?

What sort of attacks are they?

(i.e. "absences" (petit mal), or fits (grand mal))

How often do your attacks occur?

When was the last one?

What drugs have you been prescribed and which are you taking now?

Do you have regular checks?

Where and with whom?

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

## Section 5 High Blood Pressure

When was this first diagnosed?  
Why was it tested at that time?

Please give the reading at that time if you know it.

Have any investigations been carried out at any time to discover a cause for this condition?

Was there to your knowledge any result of these investigations, and what were they?

What drugs have you been prescribed in the past?

What drugs are you taking now?  
What is the dosage?

Are you under treatment for any other condition?  
Has your urine been tested?  
Were you told it was normal?

Do you have regular checks?  
Where and with whom?

Have you been told that your blood pressure is now normal?  
How long ago was this?  
Do you know what the reading was then? What was it?  
Do you know the level of any readings since then? What were they?

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

## Section 6 Stomach or Bowel Complaints

What were your symptoms?  
When did they occur and for how long?

What treatment was prescribed?  
Did it include any drugs?  
What were they?  
Are you still taking them or following any course of treatment?

Have you had a barium meal or any other investigation?  
When was this performed?  
Were you told of the result? What was it?

Have you had an operation?  
When was it performed and what kind was it?  
Have you had any problems since then?

Are you still being followed up?  
Where and by whom?  
Or have check-ups ceased?  
When?

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

## Section 7 Diabetes

When was this first diagnosed?

Please give name and address of the doctor or clinic treating you.

Do you follow a strict diet?

Are you taking any drugs by mouth?  
Which drug and what is the dosage?  
Are you using insulin?  
What type and how many units do you use per day?

Has your intake of insulin or drugs by mouth varied during the last two years? If so, please give details.

Please indicate your usual test results by circling the appropriate level.

i. Blood Glucose less than 8      8.1-9      9.1-11      11 or more  
ii. Urine: Glucose negative      Glucose +      Glucose ++      Glucose +++ or more

What was the date and result of your latest HbA1c glycosylated haemoglobin?      Date:      Result:

Since treatment began, have you had a diabetic or insulin coma?  
Please give dates and any details you know.

Do you, or have you ever suffered from any disease of the heart, kidneys, eyes or circulatory or nervous systems?  
Please give details.

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

## Section 8 Female Complaints - Abnormal Smears

Have you ever had an abnormal smear?  
Please state the date, the diagnosis (if known) and the treatment given.

If you have had normal smears subsequently, please give the dates.

Are you being followed up now?  
How often?

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

## Section 9 Female Complaints - Hysterectomy

Have you ever had a hysterectomy?  
Please give the date and the reason for the operation.

If you received any treatment afterwards, please give full details.

Are you being followed up now?  
How often?

If you have been discharged, when was this?

After answering the questions in this section please complete any other relevant sections and then sign the declaration on the back page.

## Section 10 Back Trouble

Do you know the precise diagnosis?  
Please give details.

## cont. section 10

Has it kept you off work or affected your lifestyle?  
If YES, please give relevant dates and durations or details.

Please give details of treatment e.g. names of tablets, physiotherapy

- a. Currently
- b. In the past
- c. Is any operation being considered?

Do you still have symptoms?  
If NO, when was the last time?

After answering the questions in this section, please complete any other relevant sections & then sign the declaration below.

## Section 11 Renal / Urinary Tract Disorders

Please state the precise diagnosis e.g. Cystitis, Kidney Stones, Prostatitis, Pyelonephritis.  
When was this made?

Have you ever had any investigations? e.g. IVP, Cystoscopy.  
If YES, please give details including dates and results.

Please give details of treatment (tablets, operations, etc)

- a. Currently
- b. In the past
- c. Is it possible that you will have an operation in the foreseeable future?

If your symptoms have occurred more than once, please give dates and durations.

Are you having follow up checks?

If such checks have been completed, please state date of last follow up.

Have you ever been off work with this complaint?  
(Please say when and for how long)

After answering the questions in this section, please complete any other relevant sections & then sign the declaration below.

## Section 12 Growths, Cysts, Lumps and Tumours

What date was the growth discovered?

Where precisely was it?  
Is it still there or has it been removed?

If the growth has been removed, please tell us:

- a. When?
- b. By whom? (e.g surgeon, GP)
- c. Where? (e.g name of hospital)
- d. How? (e.g local anaesthetic, full operation, cryosurgery)
- e. How long were you off work?

What treatment have you had following its removal? (e.g tablets, radiotherapy)

What, in medical terms, was it called and what was the staging? (if malignant tumour)

For how long were you followed up and how often?

Are you being followed up or on any treatment now?  
If YES, please give details.

After answering the questions in this section, please complete any other relevant sections & then sign the declaration below.

The appropriate section(s) should be completed at the same time as the proposal. The questions should be answered as fully as possible to avoid delay in acceptance. After answering the questions please sign the declaration below.

## Declaration

I declare that the answers given in this questionnaire are to the best of my knowledge true and that I have not withheld any information which may influence the acceptance of my proposal. I agree that this questionnaire will form part of my proposal for assurance and that failure to disclose any material facts known to me may invalidate the contract. A material fact is one that is likely to influence the Underwriters' acceptance or assessment of your proposal. You should consult your insurance adviser if in any doubt as to what may be a material fact.

Signature of Life to be Assured

Date

