

Form Med 01 - Medical Conditions Supplementary Questionnaire
Anxiety/Depression/Nervous Tension/Stress/Mental Illness

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

Please complete only the section relevant to you and sign the declaration on the last page

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| 1. Please state the medical diagnosis that has been advised to you. | |
| 2. When did the condition commence and what was the nature of the symptoms? | |
| 3. How often have you suffered since? | |
| 4. Has your condition caused you to be absent from your normal daily activities? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please give details: |
| 5. Have you been treated with drugs? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please give details: |
| a) current treatment (drug name & daily dosage) | |
| b) previous treatments (drug name & daily dosage) | |
| 6. Has the condition ever necessitated hospital treatment as an out-patient, or have you ever been referred to a psychiatrist? <i>Please give full details and dates.</i> | |
| 7. Has the condition ever necessitated hospital admission as an in-patient? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please give details: |
| 8. If you were an in-patient, what treatment did you receive. If electro-convulsive therapy (ECT), how many sessions? | |
| 9. Was there any particular cause that was responsible for the condition? Please give details. | |
| 10. Are you still attending hospital or your doctor or a psychiatrist for the condition? | |
| 11. Have you ever taken an overdose of tablets or tried to take your own life, or contemplated suicide? | |

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.
If you are uncertain as to the relevance of any such information please disclose it anyway.