

Form Med 02 - Medical Conditions Supplementary Questionnaire
Arthritis/Rheumatism/Gout

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answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. Please give nature of disorder
(ie: Gout, Osteoarthritis, Rheumatism, Rheumatoid Arthritis)

2. When was the condition first diagnosed?

3. How extensive is the condition?
(ie: what parts of the body are affected?)

4. What is the extent of your disability?

5. What drugs have you received in the past?
(ie: Allopurinol, Brufen, Indocid, Myocrisin, Naprosyn etc.)

6. What medication are you currently taking? Please state dosage and type

7. Have you ever received steroid drugs
(Betnesol, Ledercort, Prednesol)?

Yes No

8. Have you had or are you waiting for an operation?

Yes No If **yes**, please give details:

9. Has your condition kept you off work?

Yes No If **yes**, please give frequency & duration of occasions:

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any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.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.