

Form Med 05 - Medical Conditions Supplementary Questionnaire
Bladder/Genito-Urinary/Kidney Disorder

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answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.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. What precise medical diagnosis has your doctor given you?

2. How long have you had the symptoms?

3. What symptoms have you suffered?
(Please give date of onset)

4. How frequent and severe are your symptoms?
(Please give full details)

5. When did they last occur?

6. Please give details, including dates and results, of tests or investigations. (ie: IVP, Cystoscopy)

7. Have you had any operation? Yes No If **yes**, please advise nature of operation and dates:

8. What treatment have you been given?
(ie: tablets, operations etc)

9. Are you currently receiving any treatment at hospital or by your doctor? Yes No If **yes**, please give details:

10. Have you been unable to work because of the condition? Yes No If **yes**, please give details:

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any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.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