

**Form Med 11 - Medical Conditions Supplementary Questionnaire**  
**Joints Complaints**  
(Including Cartilage/Ligament Trouble, Carpal Tunnel Syndrome, Tenosynovitis etc)

**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answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.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. Are you aware of any diagnosis given to your condition?
  
2. What joints are affected?
  
3. When was this first diagnosed?
  
4. What treatment has been given?
  
5. Do you still suffer symptoms? If so, what is the frequency of these?
  
6. Has this condition affected your general lifestyle or ability to work?  
Yes  No  If **yes**, please give details:
  
7. When is the last time you suffered any symptoms?
  
8. Have you ever, or do you intend to, consult a chiropractor, physiotherapist or accupuncturist?  
Yes  No  If **yes**, please give details:
  
9. Are you still being reviewed by your doctor or a hospital consultant?  
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any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.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.