

PREGNANCY QUESTIONNAIRE

(To be completed by the applicants' attending obstetrician)

Application No:

Full name of Life to be assured:

PAST OBSTETRIC HISTORY

- | | | |
|--|------------------------------|-----------------------------|
| 1. Number of children: | Yes ☐ | No ☐ |
| 2. Were they full term normal deliveries: | Yes ☐ | No ☐ |
| 3. History of any abortion, stillbirth or neonatal deaths: | Yes ☐ | No ☐ |
| 4. History of any premature or complicated labor or induction: | Yes ☐ | No ☐ |
| 5. History of forceps delivery: | Yes ☐ | No ☐ |
| 6. History of Caesarian section: | Yes ☐ | No ☐ |
| 7. History of any ante partum or post partum hemorrhage: | Yes ☐ | No ☐ |
| 8. History of Pre-eclampsia or Eclampsia: | Yes ☐ | No ☐ |

If any question / questions from 3 to 8 are answered yes, please provide details

8. History of any gynecological or other related surgery:

9. History of any other pregnancy related complication. If yes please provide details.

PRESENT PREGNANCY:

1. Date of last menstrual period:

2. Expected date of delivery:

3. Has the applicant registered for Ante natal check up: Yes ☐ No ☐

4. Name of institution / hospital and Doctor:

5. Is there any evidence of pregnancy related complications (eg: PIH, Gestational diabetes, placenta problems, cervical insufficiency etc).

If yes please provide details:

6. Was the applicant hospitalized during the current pregnancy? If yes please provide details:

7. Current medication details:

8. Height: Weight

9. Blood pressure:

10. Hemoglobin level: gm%

11. Urinalysis: Glucose: Albumin Acetone: Deposits:

12. Presentation of fetus: Occiput / Breech / Others

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date:

Place:

Signature of the life to be assured/Proposer