

ARTHRITIS QUESTIONNAIRE

Application No:

Name of life to be assured:

1. On your clinical assessment :

What is the most likely diagnosis as to the cause of joint pain or joint deformity? (Please tick what is applicable)

- | | |
|--|---|
| <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Seronegative spondyl oarthritis | <input type="checkbox"/> (Ankylising spondylitis or others) |
| <input type="checkbox"/> Tuberculosis of the joint | <input type="checkbox"/> Gouty arthritis |
| <input type="checkbox"/> Pyogenic | <input type="checkbox"/> Any other: mention the diagnosis |

2. Mention the joints involved in the disease process.

3. Is the disease (please tick what is applicable)

Static Progressive

4. What laboratory tests have already been done for evaluation: Please mention the tests done and their reports.

5. What drug treatment has he received:

Give names of drugs (generic) and duration of treatment and doses.

6. Has the surgery been advised for the treatment of the condition?

Yes No

If yes, please indicate the nature of surgery advised or done already.

7. Is the person capable of doing his/ her day to day work? And is he / she gainfully employed?

Yes No

8. What minimum investigations you would suggest if the cause of Arthritis is undetermined clinically?

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

Signature of the Life to be assured/Proposer

Signature of Medical Examiner with Code No.

Date: Place: