

GYNAECOLOGICAL DISORDER QUESTIONNAIRE

[To be filled by the medical examiner]

Application No: _____

Full Name of life to be assured: _____

1. Please state the precise diagnosis

2. Please describe the symptoms :

a) Nature of Symptoms: _____

b) First Occurrence: _____

c) Frequency of symptoms in last one year: _____

d) Last Occurrence: _____

3. Please provide details of treatment and investigation done :

a) Current Treatment: _____

b) In the past: _____

c) Investigation Done: _____

4. Have you had an operation for this condition or is Operation being considered

Yes No

If yes please state the date and submit copies of all hospital records and discharge summary

5. Have you undergone PAP smear test

Yes No

If yes please provide the date and results of the test.

Date	Results

6. Have you lost significant time (more than 1 week) off work with this condition?

Yes No

7. Are you still being followed-up?

Yes No

If yes a) How often do you attend for Follow Up: _____

b) When were you last consultation: _____

Hysterectomy

8. Have you suggested/ undergone Hysterectomy

Yes No

If yes a) State reason for hysterectomy: _____

b) When was it performed: _____

9. Did you received / suggested any other treatment apart from hysterectomy

Yes No

(If yes, please mention the same in detail)

10. Have there been any complications following Hysterectomy. (If yes, please explain in detail)

Yes No

11. Have you lost significant time (> 1week) off work with this condition?

Yes No

12. Are you still being followed-up

If yes a) How often do you attend for follow-up: _____

b) When was your last consultation: _____

13. Please provide complete Name and Address of your treating physician.

14. Please provide any additional information, which you feel, will be helpful in processing Your application.

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: _____

Date: _____

Place: _____

Place: _____