

CHEST PAIN QUESTIONNAIRE

CONFIDENTIAL

To be completed in English by the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

Exact occupation

1. What was the date of the first attack? (dd/mm/yyyy)

2. Please provide the following information regarding the attack(s):

a) Site of the discomfort (e.g. middle of chest, left or right arm or elsewhere)

b) Nature of pain or discomfort (e.g. vice-like ache, burning, stabbing pain)

c) Did the pain radiate outside the chest? (e.g. to the shoulders, arms, jaw)

3. What was the date of the most recent attack (dd/mm/yyyy)?

4. How frequently did these attacks occur?

5. What is the average duration of an attack? If any attack lasted for more than 20 minutes, please state date and duration.

6. What were the circumstances of onset? (e.g. sudden, gradual, at rest, on effort, other)

7. Have you attended hospital or seen a doctor for investigations?

Yes No If Yes, what investigations were carried out and what were the results?

8. Are any of your physical activities restricted? (e.g. at work, in sport).

Yes No If Yes, please give details.

9. Do your attacks only occur on exertion?

Yes No If the attacks only occur at rest, at what time of the day do they take place?

10. Has an electrocardiogram, echocardiogram or an x-ray of your chest or any cardiac enzymes been taken?

Yes No If Yes, please state dates and name and address or where/when carried out.

Electrocardiogram:

Echocardiogram:

X-ray of chest:

Enzymes test:

11. Have you had a diagnosis of your condition?

Yes No

If Yes, please provide full details of the diagnosis and the name and address of the person who gave you the diagnosis.

12. Do you expect to seek further medical advice regarding this?

Yes No

If Yes, please give details.

DATA PROTECTION ACT

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DECLARATION

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)

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