MEDICAL ATTENDANTS QUESTIONNAIRE

PATIENT DETAILS

Full name of life assured

Date of birth (dd/mm/yyyy)

Marital status

Occupation

Address

1. a) How long have you been the patient's usual Medical Attendant?

   b) How far do the records you hold go back?

   c) When was medical advice last sought and why?

2. Is any treatment by drugs or otherwise being given at present?

   ☐ Yes ☐ No If Yes, please provide details below.

3. Do you consider that the patient is currently in good health?

4. Please indicate any height/weight details you may have recorded.

Date (dd/mm/yyyy)	Height	Weight

RL360°

5. Please give details of any blood pressure readings and indicate whether patient is receiving treatment for Hypertension as at date of reading by confirming Yes or No as applicable.

Date (dd/mm/yyyy)	Systolic	Diastolic	Treatment
			-
			-
			-
			-
			-
			-

6. Please give particulars of illnesses or accidents which have required treatment or advice from yourself or other medical advisers or centres.

Date (dd/mm/yyyy)	Nature of condition	Treatment	Duration	Time off work	Was recovery complete?

7. Has any of the above left any sequelae?

☐ Yes ☐ No If Yes, please provide details below.

8. Please give details of any urine test, X-Rays, ECGs, blood tests or other investigations (provide copies of any reports if possible)

Nature of investigation

Result (continue on a separate sheet if necessary)

9. Please tell us about any family history prior to the age of 65. This includes heart disease, stroke, diabetes, cancer, multiple sclerosis and Alzheimer's disease or any familial condition in parents or siblings.

10. Please provide information regarding:

a) Consumption of alcohol:

b) Smoking habits:

c) Misuse of drugs:

If you have any additional information which is relevant, or if there is insufficient space to complete any of the above questions, please continue here and/or on a separate sheet of paper.

Medical Attendant's full name (please print)	
Qualifications	
Signature of Medical Attendant	
Date (dd/mm/yyyy)	

DATA PROTECTION

This form collects personal data. We require personal data so we can provide services relating to the performance of a contract. To find out how long we will keep your data, please refer to our privacy policy at www.rl360.com/privacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360 may be required to provide it to its regulator, its government or anyone else required by law.

RL360 will use the data and information to allow for the administration of a plan, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that the data and information is only used in ways that are allowed by law.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing dpo@rl360.com. We can reserve the right to not send you your personal data in some circumstances - if we do we will write to you setting out the reasons why.

Our full privacy and cookie policies can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.