

Gynaecological Disorder Questionnaire

(To be filled by the Applicant)

Name of the Life Insured	
Application Number	

Please give full and accurate answers to each question:

- Please state the precise diagnosis: _____
- Please describe the symptoms: _____
 - Nature of the symptoms: _____
 - First occurrence: _____ Frequency of the symptoms in the last one year: _____
 - Last occurrence: _____

3. Please provide details of treatment and investigations done:

- Current treatment: _____
- In the past: _____
- Investigations done: _____

4. Have you had an operation for this condition or is an operation being considered? ☐ Yes ☐ No

If 'Yes', please state the date of surgery and submit copies of all hospital records and discharge summary:

5. Have you undergone a pap test? ☐ Yes ☐ No

If 'Yes': a. When: _____ b. Result of the test: _____

Hysterectomy:

6. Have you been advised/undergone Hysterectomy? ☐ Yes ☐ No

If 'Yes':

- State the reason for the hysterectomy: _____
- Results of histopath examination pre and post hysterectomy. Please share the results: _____
- When was it performed? _____
- Treatment details: _____
- Complications, if any: _____

7. Did you have radiation and/or chemotherapy treatment? ☐ Yes ☐ No

If 'Yes', please provide details with all the reports: _____

8. Have you taken significant time (> 1 week) off-work? ☐ Yes ☐ No

9. Have you significantly lost weight in the past few years (more than 5 kgs)? ☐ Yes ☐ No

10. Are you still going-in for follow-up? ☐ Yes ☐ No

If 'Yes':

- How often do you attend follow-up sessions? _____
- When was your last consultation? _____
- Who is in-charge of your follow-up? _____

11. Please provide the complete name and address of your treating physician: _____

Date of last consultation: _____

12. Please provide any additional information that could help in processing your application: _____

*****Please submit reports of any blood tests, urine analysis, Lipid profile, ECG, TMT or any other tests done in the last one year.

I hereby declare, and agree that the above particulars and answers are complete and true, and this questionnaire will form part a of the contract of the desired insurance on my life.

Place: _____ Date: _____

**Please tick ✓ wherever applicable

Signature of the Life Insured

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____

Date: _____

Signature of the Life Insured