

## Gastrointestinal Disorders Questionnaire

(To be filled by the Applicant)

Proposal / Application Number	
Name of the Life Insured	

1. What gastrointestinal disorder do you suffer from?

\_\_\_\_\_

2. Symptoms:

a. Please describe the symptoms you are suffering from or have experienced:

\_\_\_\_\_  
\_\_\_\_\_

b. When did your symptoms first occur? Please mention the date: \_\_\_\_\_

c. Frequency of symptoms in the last year:

\_\_\_\_\_

d. When did you last have the symptoms?

\_\_\_\_\_

e. Are your symptoms related to any particular factor? (E.g., stress, alcohol, diet, etc.)

☐ Yes

☐ No

If 'Yes', please provide details and mention how do you avoid these factors:

\_\_\_\_\_

f. Have you lost more than 5 kgs of weight in the last one year?

\_\_\_\_\_

3. Details of Consultation:

a. Please mention the name and address of the doctor:

\_\_\_\_\_  
\_\_\_\_\_

b. How often do you visit the doctor, and when was your last appointment? \_\_\_\_\_

c. Have you been tested for this condition? Are any tests planned?

☐ Yes

☐ No

If 'Yes', please provide details including dates of investigations and results of any blood tests, endoscopy or other tests:

\_\_\_\_\_

\_\_\_\_\_

4. Medical Condition:

a. Are there any associated complications such as kidney disease, diabetes, hypertension, etc.?

☐ Yes

☐ No

If 'Yes', please mention the complications and date of diagnosis:

\_\_\_\_\_

\_\_\_\_\_

5. Treatment Details:

a. Have you had surgery for this condition or is any surgery planned?

☐ Yes

☐ No

If 'Yes', please provide date(s) and full details including names of hospitals/consultants/surgeons:

\_\_\_\_\_

\_\_\_\_\_

b. Please provide details of any medication taken for your condition in the last two years. E.g. Zantac, Gaviscon, etc., and mention frequency:

\_\_\_\_\_

\_\_\_\_\_

c. If you no longer require treatment, including non-prescription drugs, please advise date when these were last taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Habits:

- a. How much alcohol do you consume per week? If none, please mention whether you have been a non-drinker all your life; otherwise mention the date and reason you stopped drinking: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and why? \_\_\_\_\_ with \_\_\_\_\_
- b. Were you advised to abstain from alcohol for medical reasons? \_\_\_\_\_
- c. Have you ever smoked cigarettes or consumed any other form of tobacco?  
If 'Yes', how much do you smoke daily or weekly? \_\_\_\_\_  
If you have stopped smoking, please mention since when: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- d. Were you advised to abstain from tobacco for medical reasons? \_\_\_\_\_

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

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8. Declaration

I declare, that the answers I have given are to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute a part of my application for insurance, and that failure to disclose any material fact known to me may invalidate the contract.

Place: \_\_\_\_\_

Date: \_\_\_\_\_ 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