



# Existing Medical Conditions Questionnaire

ONCE COMPLETED PLEASE FAX TO 0871 277 1422 OR EMAIL : [QUOTES@PLATINUMIFA.CO.UK](mailto:QUOTES@PLATINUMIFA.CO.UK)

<b>Name</b>	
<b>Date of birth</b>	
<b>Height and weight:</b>	
<b>Sum Assured &amp; Term:</b>	
<b>Have you smoked in the last 12 months?</b>	
<b>What illness(es) do/did you have?</b>	
<b>What parts of the body are/were affected?</b>	
<b>When was it / they diagnosed?</b>	
<b>What are/were your symptoms?</b>	
<b>What treatment/surgery have you received so far and when?</b>	
<b>What is your current treatment? Please give the name and dosage of any medication you are taking.</b>	
<b>Is any further treatment/surgery planned?</b>	
<b>Please give the name and address of your specialist and how often you attend check-ups.</b>	
<b>Have you had any tests recently which monitor your illness? If yes, please give the name and the result.</b>	
<b>Are you able to;</b> a) work full-time, and/or b) lead a normal life? <b>If not, please give details?</b>	
<b>Any other information which we should declare to the insurers?</b>	

Please return this form with the general Life Insurance Questionnaire