

For customers

Chest complaints questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

1. Insured person's details

Policy/Reference number

Surname

Title

Mr / Mrs / Miss / Ms / Other – please specify

Date of birth (dd/mm/yyyy)

Full forename(s)

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

2. Medical questions

2.1 What's the exact medical diagnosis of your chest complaint?

2.2 How long have you had symptoms of this condition?

2.3 Please describe your symptoms, for example cough, wheeziness, shortness of breath.

2.4 How often are you affected and what date was your last attack? (dd/mm/yyyy)

2.5 What brings on an attack, for example exercise, stress, allergy?

2.6 Have you ever had any hospital investigations?

No

Yes – give details, including results and dates

2. Medical questions – continued

2.7 Have you ever been hospitalised because of an attack?

No

Yes – give details, including results and dates

2.8 Have you ever had your peak flow rate measured?

No

Yes – tell us when and what the result was

2.9 What medication are you currently being prescribed and how often do you take it?

2.10 What medication have you received in the past, for example Becotide, Intal, Ventolin?

2.11 Have you ever been prescribed steroids, for example Prednisolone?

No

Yes – tell us when and for how long

2.12 Have you ever been absent from work with this condition?

No

Yes – give dates and lengths of absences

2.13 Are you having regular follow-up checks?

No

Yes – tell us how often and who with

2.14 Do you smoke?

No

Yes – tell us what and how much a day

2.15 Can you give us any more information that will help us to consider your application?

3. Declaration

I acknowledge this questionnaire forms part of my application. To the best of my knowledge, the information and statements made in this questionnaire are true and complete. If the statements aren't true and complete and/or I don't tell Aegon about any changes before the policy starts, then **it might result in loss or cancellation of the protection**. I confirm that I've read over any answers that I didn't fill in and they're correct.

Date (dd/mm/yyyy)

Signature

 X