

Arthritis, Rheumatism or Gout Questionnaire

First name : _____ Last name : _____
 Policy number : _____ Date of Birth (DD/MM/YYYY): ____/____/____

1. Diagnosis: ☐ rheumatoid arthritis ☐ osteoarthritis ☐ rheumatism ☐ gout ☐ other : _____

2. Please indicate which of the following apply to your condition, and provide us with the details :

Symptoms

- ☐ Stiffness
☐ Pain
☐ Redness of the joints
☐ Swelling of the joints
☐ Presence of nodules
☐ Other (specify) : _____

Details

Joints affected

- ☐ Hand ☐ Knee
☐ Elbow ☐ Hip
☐ Shoulder ☐ Spine
☐ Foot ☐ Neck
☐ Ankle ☐ Other (specify) : _____

Details

Treatment / Surgery

- ☐ Medication
☐ Exercise
☐ Physiotherapy
☐ Chiropractic
☐ Massage
☐ Joint replacement
☐ Other (specify) : _____

Details

3. Date you first experienced symptoms : _____

4. Frequency of symptoms : _____

5. Date of your last symptoms : _____

6. Was any hospitalization required for any of these conditions? _Yes _No
 If yes, dates : _____

7. Was any time off work required for any of these conditions? _Yes _No
 If yes, dates and duration: _____

8. Do you have any pending consultation, treatment or surgery? _Yes _No
 If yes, please provide details (date, treatment, name of attending physician). _____

9. Name and address of your attending physician: _____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of proposed insured (parent or legal guardian if a minor) _____ Date (DD/MM/YYYY) _____