



CYSTS, GROWTHS, LUMPS AND TUMOURS QUESTIONNAIRE

Name:

Proposal No.:

Please answer all questions in this questionnaire providing full details. Once you have completed all the questions and read the declaration please sign and date where applicable.

1. When was the cyst or lump first discovered?

2. Where precisely was it?

3. Has it been removed? Yes ☐ No ☐ If 'No', please go to question No. 8

4. When was it removed?

5. How was it removed (i.e. local anaesthetic, full operation, wide excision, cryosurgery)?

6. Have you received any treatment since its removal? Yes ☐ No ☐ If 'Yes', please provide details.

7. Has there been any recurrence? Yes ☐ No ☐ If 'Yes', please provide details.

8. Do you know in medical terms what it was called? Yes ☐ No ☐ If 'Yes', please provide details.

9. Are you currently attending or have you previously attended for any follow up? Yes ☐ No ☐
If 'Yes', please advise the date of the last attendance and whether you were discharged from further follow up.

10. Has your doctor advised you that the cyst/lump was benign, non-cancerous or non-malignant? Yes ☐ No ☐
If 'No', please provide details.

11. Please advise the name and address of all specialists attended.

12. Please provide any other information about this condition that you think would be helpful to us in processing your application

I declare that:

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

Signed:

Date:

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