



## GASTRIC AND INTESTINAL DISORDERS 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. What is the nature of the condition you suffer from (e.g. peptic ulcer, duodenal ulcer, Crohn's disease, ulcerative colitis, reflux, coeliac disease, heartburn, etc.)?

2. When was this condition first diagnosed?

3. Please describe the symptoms you have experienced.

4. How frequently do symptoms occur, i.e. how often in the last 12 months?

5. Were any investigations carried out (e.g. endoscopy, ultrasound, barium meal, colonoscopy, gastroscopy, etc.)? Yes ☐ No ☐  
If 'Yes', please provide dates and results.

6. a) When did you last have symptoms?

b) Are your symptoms related to any particular factor, e.g. stress, alcohol, diet? Yes ☐ No ☐ If 'Yes', please provide full details.

7. Please provide details of any medication taken for your condition in the last two years, e.g. Zantac, Gaviscon, etc and advise how often you take your medication.

8. Have you ever had surgery for this condition or is surgery planned? Yes ☐ No ☐ If 'Yes', please provide dates and details.

9. a) Please advise the name and address of all medical professionals attended regarding your condition.

b) How often do you attend and when was your last appointment?

c) Have you been discharged from follow up? Yes ☐ No ☐

If 'Yes', please advise when. If 'No' please advise when was your last appointment.

10. Have you ever been absent from work or had your lifestyle restricted as a result of this disorder? Yes ☐ No ☐

If 'Yes', please provide details.

11. 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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