



RAISED CHOLESTEROL 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 raised cholesterol first diagnosed?

2. Do you know your cholesterol reading at that time? Yes ☐ No ☐ If 'Yes', please advise the following:

Cholesterol

HDL

LDL

Triglycerides

Was it a fasting sample? Yes ☐ No ☐ Unknown ☐

3. Was raised cholesterol noticed at a routine check-up? Yes ☐ No ☐

4. Had you experienced any symptoms at the time of diagnosis? Yes ☐ No ☐ If 'Yes', please provide details.

5. Was there any underlying cause identified (e.g. poor diet, familial (runs in the family), other)? Yes ☐ No ☐
If 'Yes', please provide details.

6. Were any investigations other than blood tests (e.g. ECG, echo, 24h blood pressure monitor, etc.) carried out? Yes ☐ No ☐
If 'Yes', please provide details including dates and results.

7. Please provide details of your current treatment, including names of all medication.

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8. Was your treatment different in the past? Yes ☐ No ☐ If 'Yes', please provide details.

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9. How often do you have your cholesterol checked?

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10. Do you know the result of your last cholesterol test? Yes ☐ No ☐ If 'Yes', please advise the following:

Date

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Cholesterol

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HDL

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LDL

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Triglycerides

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Was it a fasting sample? Yes ☐ No ☐ Unknown ☐

11. Are you currently awaiting any tests in relation to your raised cholesterol? Yes ☐ No ☐ If 'Yes', please provide details.

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

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13. Do you suffer from Raised Blood Pressure or Diabetes? Yes ☐ No ☐ If 'Yes', please complete relevant questionnaire.

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

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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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