



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

GYNAECOLOGICAL DISORDER QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured

Application Number

PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

1. Please state the precise diagnosis: _____
2. Please describe the symptoms: _____
 - a. Nature of the symptoms: _____
 - b. First occurrence: _____ Frequency of the symptoms in the last one year: _____
 - c. Last occurrence: _____
3. Please provide details of treatment and investigations done:
 - a. Current treatment: _____
 - b. In the past: _____
 - c. Investigations done: _____
4. Have you had an operation for this condition or is an operation being considered? Yes No
If 'Yes', please state the date of surgery and submit copies of all hospital records and discharge summary:

5. Have you undergone a pap test? Yes No
If 'Yes': a. When: _____ b. Result of the test: _____
- Hysterectomy:
 6. Have you been advised/undergone Hysterectomy? Yes No
If 'Yes':
 - a. State the reason for the hysterectomy: _____
 - b. Results of histopath examination pre and post hysterectomy. Please share the results: _____
 - c. When was it performed? _____
 - d. Treatment details: _____
 - e. Complications, if any: _____
7. Did you have radiation and/or chemotherapy treatment? Yes No
If 'Yes', please provide details with all the reports: _____
8. Have you taken significant time (> 1 week) off-work? Yes No
9. Have you significantly lost weight in the past few years (more than 5 kgs)? Yes No
10. Are you still going-in for follow-up? Yes No
If 'Yes':
 - a. How often do you attend follow-up sessions? _____
 - b. When was your last consultation? _____
 - c. Who is in-charge of your follow-up? _____

11. Please provide the complete name and address of your treating physician: _____

Date of last consultation: _____

12. Please provide any additional information that could help in processing your application: _____

****Please submit reports of any blood tests, urine analysis, Lipid profile, ECG, TMT or any other tests done in the last one year.

I hereby declare, and agree that the above particulars and answers are complete and true, and this questionnaire will form part a of the contract of the desired insurance on my life.

Place: _____

Date: _____

Signature of the Life Insured

**Please tick wherever applicable

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____

Date: _____

Signature of the Life Insured