

QUESTIONNAIRE FOR GYNAECOLOGICAL DISORDER

Please answer the following questions about the disclosure of a gynaecological disorder on your application, giving as much detail as possible. Please take care when answering the questions to make sure they're accurate, true and complete. If not, you risk your cover being cancelled or, when we assess a claim, you risk us paying a reduced amount or nothing at all.

1. Have you been given a diagnosis? Yes No

If so, please tell us what it was.

2. When did you first have symptoms (month/year)?

3. When did you last have symptoms (month/year)?

4. What symptoms are or were you having?

5. If you still have symptoms from your gynaecological disorder, please tell us the frequency, severity and duration.

6. Has your condition changed or worsened since you were diagnosed? Yes No

7. Have you been referred to a specialist? Yes No

If so, when (month/year)?

8. Have you had any investigations? Yes No

If so, please provide as much detail as you can about them, including when they took place and the result(s).

9. Are you awaiting any further investigations for this condition? Yes No

If so, please give full details as to the date(s) and investigation(s) planned.

10. Have you ever been admitted to hospital for this condition? Yes No

11. Have you had any surgical procedure for your condition? Yes No

If so, please provide full details including date(s), procedure(s) and outcome(s).

12. If not, is any surgery planned? Yes No

If so, please give full details to include dates if known.

13. Please give full details of any other treatment or medication you've needed for this condition, including dosage.

14. Are you under any follow-up with your GP or specialist for this condition? Yes No

15. Is your gynaecological disorder related to any other medical condition? Yes No

If so, please give full details.

If you have copies of any hospital letters that you're willing to share with us, please include them.