Growths, Cysts, Lumps And Tumours Questionnaire (To Be Completed By Life Assured)

To be completed by Proposed Insured/Proposed Owner

APPLICATION NO : ______________________________

PROPOSED INSURED : ______________________________

1. When was the growth, cyst, lump or tumour first discovered?

   ____

2. In which part of the body was it situated?

   ____

3. Please state the precise diagnosis if known.

   ____

4. Has the growth been removed?

   If NO, please provide:

   a. Details of investigations which have been carried out. Include date(s) and results of tests.

      ____

      ____

   b. Details of any proposed treatment or surgery.

      ____

   If YES, please provide:

   c. Date of removal

      ____

   d. Method of removal. eg local anaesthetic, cryosurgery, operation d with general anaesthetic, etc

      ____

   e. Name of surgeon, general practitioner, consultant, hospital or clinic.

      ____

   f. What treatment have you had following removal? eg tablets, radiotherapy, chemotherapy, etc

      ____

   g. Have you been given any information regarding outlook/prognosis? **YES / NO**

      If **YES**, please provide details.

      ____

      ____

   h. Please confirm the nature of the growth, cyst, lump or tumour, that is whether it is benign or malignant?

      ____

5. Are you still being followed-up? **YES / NO**
   If **YES**, please state how often.

   ____

   If **NO**, when were you discharged from follow-up?

   ____

6. Have you lost significant time (eg weeks) off work with this condition? **YES / NO**
   If **YES**, please provide details including dates and duration of time off work.

7. Were there any recurrences or relapse of the growth, cyst, lump or tumour? If yes, please state details

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   ____

I declare that I am in the same state of health and that I have not consulted any doctor nor received any medical treatment for any reason since the completion of my proposal form. It is hereby declared that the particulars given above together with the proposal form submitted shall constitute the basis of the contract of insurance.

YES / NO

Signature of Life Assured

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Date

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