



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

GASTROINTESTINAL DISORDERS QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured

Proposal / Application Number

PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHEREVER REQUIRED

1. What gastrointestinal disorder do you suffer from?

2. Symptoms:

a. Please describe the symptoms you are suffering from or have experienced:

b. When did your symptoms first occur? Please mention the date: _____

c. Frequency of symptoms in the last year:

d. When did you last have the symptoms?

e. Are your symptoms related to any particular factor? (E.g., stress, alcohol, diet, etc.)

Yes No

If 'Yes', please provide details and mention how do you avoid these factors:

f. Have you lost more than 5 kgs of weight in the last one year?

3. Details of Consultation:

a. Please mention the name and address of the doctor:

b. How often do you visit the doctor, and when was your last appointment?

c. Have you been tested for this condition? Are any tests planned?

Yes No

If 'Yes', please provide details including dates of investigations and results of any blood tests, endoscopy or other tests:

4. Medical Condition:

a. Are there any associated complications such as kidney disease, diabetes, hypertension, etc.?

Yes No

If 'Yes', please mention the complications and date of diagnosis:

5. Treatment Details:

a. Have you had surgery for this condition or is any surgery planned?

Yes No

If 'Yes', please provide date(s) and full details including names of hospitals/consultants/surgeons:

b. Please provide details of any medication taken for your condition in the last two years. E.g. Zantac, Gaviscon, etc., and mention frequency:

c. If you no longer require treatment, including non-prescription drugs, please advise date when these were last taken: ____/____/____

6. Habits:

a. How much alcohol do you consume per week? If none, please mention whether you have been a non-drinker all your life; otherwise mention the date and reason you stopped drinking: ____/____/____ and why? _____ with _____

b. Were you advised to abstain from alcohol for medical reasons?

c. Have you ever smoked cigarettes or consumed any other form of tobacco?

If 'Yes', how much do you smoke daily or weekly? _____

If you have stopped smoking, please mention since when: ____/____/____

d. Were you advised to abstain from tobacco for medical reasons?

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

8. Declaration

I declare, that the answers I have given are to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute a part of my application for insurance, and that failure to disclose any material fact known to me may invalidate the contract.

Place: _____

Date: _____

Signature of the Life Insured

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