

PEPTIC ULCER QUESTIONNAIRE

(To be completed by the Proposer)

Name of Proposer : _____

I.C. No. : _____ Proposal No. : _____

1 State the date of onset of symptoms.	
2 How often have these symptoms appear and how long do they normally last?	
3 Was there any loss of weight during your illness? If so, how much?	
4 Has the pain been associated with meals? If so: (a) Did it occur 2 – 3 hours after meals? (b) Soon after a meal?	
5 During an attack, have you ever had the following symptoms? (a) Haematemesis (vomiting of blood) (b) Malaena (passage of black digested blood in the stools)	
6 Have you ever had a barium meal X-ray taken? If so, please state dates and result.	
7 What type of treatment did you have? If surgery was performed, please state nature of surgery done and date.	
8 Are you at present able to carry on your normal duties and consume normal foods without distress?	
9 Do you at present suffer any symptoms? If you do not, please state date of last attack.	

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 proposal.

I agree that this form will constitute part of my proposal for medical and health insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Proposer

Date