Chest Pain Questionnaire

Title | Surname

Given name(s)

Date of birth
/ /

1 When did you have your first chest pain or discomfort?

2 Have you had any recurrences of the chest pain or discomfort?

No ☐ ***Go to next question***

Yes ☐

How frequently?

3 When was your most recent episode of chest pain?

4 What is the usual duration of each episode?

5 Have there been any episodes lasting more than 30 minutes?

No ☐ ***Go to next question***

Yes ☐

How many times?

When?

6 Has the pain occurred:

(a) during exercise or exertion? No ☐ Yes ☐

(b) at rest? No ☐ Yes ☐

7 Do you take medication to relieve or prevent symptoms?

No ☐ ***Go to next question***

Yes ☐

Medication type | Dosage

Medication type | Dosage

8 Have you had an electrocardiogram (ECG) or other test?

No ☐

Yes ☐

Please provide details

9 Has a cause been identified?

No ☐

Yes ☐

Please provide details

10 Do you now, or have you ever suffered from any form of heart disease or reflux/indigestion?

No ☐

Yes ☐

Please provide details

11 Please advise the names and addresses of Doctors consulted and the date first and last consulted.

Name

Address

State Postcode

Date first consulted / /

Date last consulted / /

Name

Address

State Postcode

Date first consulted / /

Date last consulted / /

DECLARATION

The answers to the questions above are true and complete and this supplementary questionnaire forms part of my application for insurance.

Signature

X Date / /

Please return this completed form to:

Smartsave
PO Box 1282
Albury
NSW 2640