Colitis Questionnaire

Title

Surname

Given name(s)

Date of birth
/ /

1 When did you have your first attack of colitis?

2 When was your most recent attack of colitis?

3 How many attacks have you had?

4 What was the average duration of each attack?

5 Have you experienced any weight loss during this illness?

No ☐

Yes ☐

6 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
/ /

Question 6 continued …

Name

Address

State

Postcode

Date first consulted
/ /

Date last consulted
/ /

7 What treatment have you had for this condition?

Treatment type	Dosage

8 Are you still taking treatment?

No ☐ When did treatment cease? / /

Yes ☐

9 Have you undergone any surgery or is any surgery planned?

No ☐ ***Go to Declaration***

Yes ☐

Details	Date
	/ /
	/ /
	/ /

13 Have you lost time from work due to this disorder?

(a) In the last 12 months?

No ☐ ***Go to (b)***

Yes ☐

From	To
/ /	/ /
/ /	/ /
/ /	/ /

(b) Prior to the last 12 months?

No ☐

Yes ☐ Please provide full details of all periods of time off work including dates

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