

**Cyst/Mole/Skin Lesion Questionnaire**

Title  Surname

Given name(s)

Date of birth

1 Site

2 Date diagnosed

3 Type

4 Was the cyst/mole/skin lesion removed?  
No   
Yes   
When?   
By what method? (eg surgically, freezing or otherwise)

5 Were any special tests, investigations or treatments required?  
No   
Yes   
Please provide details

6 Was the growth reported to be malignant or benign?  
Malignant  Unknown   
Benign

**Please forward copies of any histopathology reports you have.**

7 Have you been or are you required to attend for any further treatment or follow-up since the original removal, including re-excision of the lesion?

No

Yes

Please provide details of date(s) and what was advised

8 Please advise of name and address of any doctor consulted.

Name   
Address   
 State  Postcode

**DECLARATION**

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

**Signature**

Date / /

Please return this completed form to:  
**Smartsave**  
PO Box 1282  
Albury  
NSW 2640