

Gout/Arthritis Questionnaire

Title Surname

Given name(s)

Date of birth

1 When did you have your first attack of gout/arthritis?

2 When was your most recent attack of gout/arthritis?

3 How many attacks have you had?

4 What was the average duration of each attack?

5 What joints or areas of the body are/were affected?

6 How much time have you lost from work due to gout/arthritis.

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

Name <input type="text"/>		
Address <input type="text"/>		
<input type="text"/>	State	Postcode
Date first consulted <input type="text" value="/ /"/>	Date last consulted <input type="text" value="/ /"/>	

Question 7 continued ...

Name <input type="text"/>		
Address <input type="text"/>		
<input type="text"/>	State	Postcode
Date first consulted <input type="text" value="/ /"/>	Date last consulted <input type="text" value="/ /"/>	

8 What treatment have you been given for gout/arthritis?

Treatment type	Dosage
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9 Are you still taking treatment to prevent attacks?

No When did treatment cease?

Yes

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