

Hysterectomy Questionnaire

Title Surname

Given name(s)

Date of birth

1 What was the date of the hysterectomy?

2 What was the reason for the hysterectomy?

3 Was the hysterectomy performed due to a tumour?
 No **Go to next question**
 Yes Was the tumour reported to be:
 Malignant Benign Unknown

4 Was any follow-up treatment required?
 No **Go to Declaration**
 Yes **Go to next question**

5 What treatment was received?

6 Please advise the names and addresses of doctors consulted.

Name

Address

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

Name

Address

<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
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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

Date

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