

Ulcer/Reflux Questionnaire

Title Surname

Given name(s)

Date of birth

1 When did you first experience symptoms of ulcer/reflux?

2 When was your most recent episode of ulcer/reflux?

3 Please describe your symptoms.

4 How frequently do you experience symptoms? (e.g. daily, weekly)

5 Has there been any bleeding from mouth or bowel?
 No
 Yes

6 Did you require any time off work?
 No **Go to next question**
 Yes Please advise details, including dates:

 Dates

7 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

8 What treatment have you been given for ulcer/reflux?

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 under treatment?
 No When did treatment cease?
 Yes **Go to Declaration**

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10 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