

Arthritis questionnaire

(by insured life)

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Details of insured life

Name of insured life

Permanent identity/passport number

Date of birth

Financial adviser's name

Broker house code

Permanent identity number

Yes

No

Telephone

Financial adviser code

Telephone

2: General questions

1. When did you first have symptoms?

2. When did you last have symptoms?

3. When were you first diagnosed with arthritis?

4. When did you last receive treatment for arthritis?

5. What type of arthritis do you have?

Rheumatoid arthritis

Osteoarthritis

Psoriatic arthritis

Gouty arthritis

6. Which joints were or are affected?
(Indicate left or right side)

Hands and wrists

L

R

Elbows

L

R

Shoulder

L

R

Spine

L

R

Hips

L

R

Knees

L

R

Ankles

L

R

Feet

L

R

Other

L

R

If "other", provide full details:

7. Indicate the symptoms, characteristics and complications of your arthritis:

Pain and swelling

Inflammation

Fatigue

Immobility

Restricted movement

Fever

Mild

Moderate

Severe

Daily

Monthly

Annually

Constant

Relapsing and remitting

Back pain

Depression

Lack of sleep

Other

If "other", provide full details:

8. What treatment and investigations did you receive or are you receiving for your arthritis?

Surgery

Arthroscopy

Medication

Physiotherapy

X-rays

CT/MRI scans

Gold

Methotrexate

Cortisone

9. Have you consulted any of the following professionals in connection with your arthritis?

Rheumatologist

Orthopaedic surgeon

Physiotherapist

Specialist physician

General practitioner

Other

If "other", provide full details:

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2: General questions (continued)

10. Has your ability to perform your occupation, sport or activities of daily living (bathing, walking, eating and cleaning) been affected? Yes ☐ No ☐
If "yes", provide full details:

11. Have you ever been hospitalised for this condition? Yes ☐ No ☐
If "yes", provide full details, including dates and duration of hospitalisation:

12. Provide the names of all the doctors and medical practitioners you have consulted regarding this condition:

Name
Postal address
 Postal code

Name
Postal address
 Postal code

Name
Postal address
 Postal code

13. Has any other body system (heart, lungs, liver, skin, etc.) been affected by your arthritis? Yes ☐ No ☐
If "yes", provide full details:

14. Have you been investigated for any other connective tissue disorders (e.g. systemic lupus, erythematosus, fibromyalgia, scleroderma, etc.)? Yes ☐ No ☐
If "yes", provide full details:

15. Provide any additional information relevant to this condition:

3: Declaration by insured life

I declare that all the statements that I have made and details that I have supplied in this form (whether in my own handwriting or not), are complete and true. I also understand and agree that the information that I have supplied, together with the application for life insurance and any other relevant documents, will form the basis of any insurance contract that may come into existence as a result of such application.

Signed at

Signature of insured life	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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