

Growths, cysts, lumps and tumours questionnaire – Applicant

Full name:

Application number:

1. When was the growth, cyst, lump or tumour first discovered?

2. Please state the precise diagnosis if known.

3. In which part of the body was it located? If more than one site, please advise details of main area(s) affected and (approximate) number of growths, cysts, lumps or tumours.

4. Was it benign or malignant ?

5. Has it been removed? Yes No

If YES, please provide:

a) Date of removal.

b) Method of removal. i.e. local anaesthetic, cryosurgery, operation with general anaesthetic, etc.

c) Results of the surgery.

d) Name and address of doctor who carried out the surgery.

If NO, please provide:

a) Details of investigations which have been carried out. Include date(s) and results of tests.

b) Details of any proposed treatment or surgery.

6. Have you received any other form of treatment, e.g. tablets, radiotherapy, chemotherapy, etc. Yes No

If YES, please provide details including drug names and dates:

7. Please provide details of any other advice or follow up recommended.

8. Has there been any recurrence?

9. Have you been given any information regarding outlook/prognosis?
If YES, please provide details.

Yes No

10. Have you had more than one week off work with this condition?
If YES, please provide details including dates and duration of time off work.

Yes No

11. If available, please provide copies of any reports or letters you received relating to the results of the surgery.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.
I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date