

BOWEL QUESTIONNAIRE



Please check all details, then complete the relevant areas of the form and return it to:
BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

(To be completed by the Life to be Insured)

Full Name: Date of Birth:

Proposal Number: Dated:

1. When did you first suffer from passing of blood from the bowel?

2. Is there any pain associated with it, and if so, where, and what type of pain is experienced?

3. If you are on any medication, please state which drug(s) and their dosage(s) or which herbs are you taking for this disorder and how long have you been treating it with the Drug(s) or herb?

4. How long do you bleed for, and what is the duration of each episode?

5. Is blood mixed with stool or is seen after passing stool?

6. Is it clotted blood or fresh blood?

7. Have you been seen by any doctor for your bleeding problem. Yes No
▶ If "Yes", what diagnosis was told to you?

8. Please state any further particulars including name and address of personal medical attendant(s)?
Name of Doctor:

Address: Date consulted:

Name of Doctor:

Address: Date consulted:

Name of Doctor:

Address: Date consulted:

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 proposal.

I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Life to be Insured	Signature:	Date:
		Signed at:
Signature of Witness	Name in Full	Date:
	Signature:	Signed at: