

GOUT QUESTIONNAIRE

(To be completed by the Life to be Insured)



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

Full Name:		Date of Birth:
Proposal Number:		Dated:
1	When did you have your first attack of gout? Date:	
2	What was the nature of the symptoms? Which joints are affected?	
3	How many attacks have you had?	
4	What was the date of your last attack? Date:	
5	What is the duration of each attack?	
	a. Does the gout respond to therapy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	b. How severe are the attacks?	
6	Has any of the attacks caused you to restrict your occupational activities or to be absent from work? ▶ If "Yes", please provide full details.	<input type="checkbox"/> No <input type="checkbox"/> Yes
7	Please describe any treatment you have been or are receiving.	
8	Results of last:	
	Serum Uric Acid levels:	
	Date of results:	
9	Please give the name and address of any doctor you have consulted for gout.	
	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: