

Cardiovascular diseases and disorders questionnaire

Please complete this application clearly in **BLOCK CAPITALS**.

The questions in this application and any other information we ask for are essential for us to underwrite and administer your plan.

You must tell us about all material facts before we can accept an application or renew the plan. If you do not tell us all material facts or you misrepresent any material facts, it may affect your rights or your dependants' rights under the plan.

A material fact is information likely to influence us in assessing or accepting the insurance. If there is any doubt about whether a fact is material, for your own protection, you must tell us. Failure to answer all questions fully and honestly may invalidate your insurance.

A copy of the completed application can be supplied on request, but you should keep a record of all information you supply to us, including copies of all letters.

We must receive all outstanding information before we can process your application. If you do not complete this application in full it will cause delays.

'You' refers to relevant life in all cases.

Name of applicant

If you answered 'Yes' to 1.2 and 'No' to 2.2 on the Medical questionnaire, please start at question 1. If you answered 'Yes' to 1.2 and 2.2, or 'No' to 1.2 and 'Yes' to 2.2 on the Medical questionnaire, please proceed to question 4.

1. Have you ever been diagnosed with any one or more cardiovascular diseases or disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to question 1 is 'Yes', please proceed to question 4.	
2. Please give details of the following:	
2.1 In the last five years, what medical investigations, diagnostic tests and procedures have you had for, or in relation to, cardiovascular diseases and disorders, and when did you have them?	
2.2 Why did you have the medical investigations, diagnostic tests and procedures?	
2.3 What was the outcome of the medical investigations, diagnostic tests and procedures?	
3. Please give details of all follow-up consultations, medical investigations, diagnostic tests and procedures that you need, or have been recommended, for or in relation to cardiovascular diseases or disorders. Include dates, and also the frequency where applicable. You do not need to answer questions 4 to 10.	
4. Which cardiovascular diseases and disorders have you been diagnosed with, and when were you diagnosed with each of these?	
Cardiovascular disease or disorder diagnosed	Date of diagnosis (dd/mm/yyyy)

Please read carefully the disclaimers at the end of the form.

Please retain a copy for your records.

5. Please give details of all treatment, medication and special diets that you have received for your cardiovascular diseases and disorders, including the dates received, and the dosage where applicable.

6. Please give the following details if you have been diagnosed with hypertension or high blood pressure, hypercholesterolaemia or high cholesterol.

	Hypertension or high blood pressure diagnosed		Hypercholesterolaemia or high cholesterol diagnosed	
	Date of reading (dd/mm/yyyy)	Blood pressure reading (systolic/diastolic)	Date of test (dd/mm/yyyy)	Cholesterol level (mmol/L)
Most recent				
Three months ago				
One year ago				

7. Have you suffered any one or more complications of cardiovascular diseases or disorders, including:

- any acute episode* of cardiovascular diseases and disorders;
- any existing medical condition that your cardiovascular diseases or disorders have made worse; and
- the onset of any medical condition that is related to your cardiovascular diseases or disorders? Yes No

If the answer to question 7 is 'No', please proceed to question 9.

* An acute episode of a cardiovascular disease or disorder is any unexpected change to the usual state of your cardiovascular disease or disorder that responds to treatment which aims to return you to your state of health before the event occurred. An example of an acute episode is unexpected chest pain suffered by a person who has previously been diagnosed with angina.

8. Please give details of each complication of your cardiovascular diseases and disorders that you have suffered, and any treatment, medication or special diet that you have received for each complication, including the dates you received them and the dosage where applicable. You do not need to give any details relating to:

- any medication, treatment or special diet that you have already told us about in question 5 in the Cardiovascular diseases and disorders questionnaire; or
- any related medical condition that you have already told us about in the Medical questionnaire.

9. Please give details of any treatment, medication or special diet that you need, or will need, for or in relation to your cardiovascular diseases and disorders, but have not yet received.

10. Please give details of all of the following that you need, or have been recommended, for or in relation to your cardiovascular diseases and disorders or any related medical condition, regardless of whether or not they are needed at regular intervals:

- consultations;
- medical investigations;
- diagnostic tests and procedures.

Include dates, and also the frequency where applicable.

I declare that all the information given to you for the purpose of assessing my application for cover is true and complete.

Signature	Date (dd/mm/yyyy)
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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover.

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