

Joint disorder questionnaire

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

1 Which joint has been affected?

Right

Left

2 When did you first experience pain or discomfort?

3 Was the cause due to:

illness

injury

"wear & tear"

4 Has there been a diagnosis of your condition?

5 Is this disorder:

a single episode

ongoing

intermittent

6 When did you last experience symptoms?

Continued overleaf

7 Are you currently or have you ever received treatment for the disorder? Yes, please give details No

8 When did you last have treatment?

9 Have you ever lost any time from work as a result of your symptoms? Yes No

If yes, how many days:

10 Is your lifestyle restricted or activities limited due to this disorder? Yes, please give details No

11 Please provide names and addresses of doctors/physiotherapists/chiropractors you have consulted for this disorder

Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance. I further declare that there has not be any change in my health, occupation or pastimes since completing my application for insurance.

Name of life insured: _____

Date: _____

Signature: _____

10/05

How to contact Macquarie

 1800 005 057

 adviser_insurance@macquarie.com

 www.macquarie.com.au

 GPO Box 5216, Brisbane QLD 4001

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