

Nervous disorder questionnaire

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

1 Describe your symptoms

2 Date these symptoms began

Date: / /

3 Has a diagnosis been made?

Yes, please give details No

4 Can you give any cause for your condition?

Yes, please give details No

5 Has any medication ever been prescribed?

Yes, please give details No

Continued overleaf

6 When did you last suffer any symptoms?			
7 Is medication still being prescribed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, date ceased:			
8 Have you been referred to or treated by a psychiatrist or psychologist?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details including name and address of the doctor:			
9 Have you ever been hospitalised for this condition?		<input type="checkbox"/> Yes, please give details	<input type="checkbox"/> No
10 Have you ever lost any time off work as a result of this condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many days?			
11 Have you ever tried to take your own life or contemplated suicide?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details.			

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:

How to contact Macquarie

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FORWARD thinking

