Respiratory Disorders Questionnaire including asthma, bronchitis, emphysema, etc. Q -3.3

HDFC Life
Sar utha ke jiyo!

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Respiratoy Disorder Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No. / Proposal No.	
Name of Life to be Assured	

1. Have you ever been diagnosed of any respiratory diseases including asthma, bronchitis, emphysema, etc? (Please answer 'Yes' or 'No')	Yes / No
Please answer all the following questions, only if the answer to above question is 'Yes'. If the answer is 'No' then please return the form duly signed.	
2. Please mention the precise diagnosed condition.	
3. When was the condition first diagnosed	
4. Have you undergone any Chest X-rays, Pulmonary function tests, CT scan, blood tests or any other investigations for this condition? If yes, please provide dates of investigation(s) and results thereof. *(Kindly attach copies of investigation(s) reports)*	Yes / No
5. Please answer following regarding your symptoms.	
5.a) Kindly mention description of your symptoms and how they affect you?	
5.b) How frequently do the symptoms occur? E.g. How often in the last 12 months	
5.c) Do your symptoms wake you at night? If yes, how often per month?	Yes / No
5.d) Are you aware of any specific stimulating cause, which trigger your symptoms? E.g. exercise, stress, allergy.	Yes / No
5.e) When was the last occurrence of symptoms?	
5.f) Do your symptoms restrict your activities in any way? If yes, please mention activities restricted.	Yes / No
5.g) Kindly mention nature of your occupation.	
6. Please answer following regarding your treatment.	

6. a) Please mention treatment received including name(s) of medication, dosage and frequency. E.g. Becotide, Bricanyl, Ventolin, etc. Also include details of tablets, injections.	Current
	Past
6. b) Are you required to use inhaler. If yes, please mention how often do you need to obtain/ purchase one?	Current
	Past
6. c) Have you been prescribed oral steroid Prednisolone, Methylprednisolone, Defnalone, etc.for treatment? If yes, please mention names of medication, dosages and frequency.	Current
	Past
7. Please answer following regarding monitoring of your condition.	
7. a) Name, address and contact number of the doctor in charge of your follow-up?	
7. b) How often do you attend follow-ups?	
7. c) When was your last consultation?	
7. d) Do you use a peak flow meter and record the results? If yes, how often do you check your peak flow and provide your lowest and highest readings in the last 3 months.	Yes / No
8.Do you smoke cigarettes/ beedis etc? If yes, how many cigarettes/ beedis per day and since how many years?	Yes / No
9.Have you lost significant time off work with this condition? If yes, please provide dates and duration of time off work.	Yes / No
10.Have you ever been hospitalised on account of your condition or complication there of? If yes, please provide copy of discharge card.	Yes / No
11.Have you ever undergone any surgery for your condition? If yes, please provide discharge card.	Yes / No
12.Have you ever been diagnosed of having any condition of tumour, cancer or polyp? If yes, please provide exact diagnosed condition.	Yes / No

13. Have you ever been diagnosed with following? If yes, please mention date of diagnosis and treatment prescribed.	
13. a) Status asthmaticus	Yes / No
13. b) Pneumothorax	Yes / No
13. c) Cor pulomonale	Yes / No
13. d) Haemoptysis	Yes / No
13. e) Chest infections.	Yes / No
13. f) Cystic fibrosis.	Yes / No
13. g) Lung abscess.	Yes / No
14.Please provide any additional information on your condition, which you feel, will be helpful in processing your application.	

❖ **An incomplete Questionnaire will not be considered valid.**

Declaration of Life to be Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression (Life to be Assured)

Date:……
Place:……

Signature/thumb impression (Proposed Policy Holder if different from Life to be Assured)

Date:……
Place:……

In the case of thumb impression\ signature in vernacular language:

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date:……
Place:……

Name and address of the declarant _____