RESOLUTION life

Boskruin Office Park,
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(Entrance Boskruin Village Centre)

P O Box 1555, Fontainebleau, 2032

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ARTHRITIS QUESTIONNAIRE (Applicant)

INDIVIDUAL POLICY ☐ CORPORATE SCHEME ☐

THIS QUESTIONNARE WILL FORM PART OF APPLICATION NO: _____ DATED D D M M Y Y Y Y

ON THE LIFE OF:_____ ID No. _____

Contact Details

Home No. (C O D E) _____ Work No. (C O D E) _____

Fax No. (C O D E) _____ Mobile No. _____

Email Address _____

Postal Address _____

_____ Code C O D E

1. What is the diagnosis of your condition e.g. rheumatoid, psoriatic, osteo etc? _____
2. How long have you suffered from arthritis? _____
3. Which joints have been affected? _____

   _____
4. What joints bother you most at present? _____

   _____
5. How do you experience the arthritis, e.g. pain, swelling, stiffness, stiffness of the joints in the morning, etc?

   _____
6. Do you have difficulty:

   a) Getting dressed? ☐ YES ☐ NO

   b) Waking? ☐ YES ☐ NO

   c) Getting out of the bath? ☐ YES ☐ NO

   d) Pursuing leisure activities/sport? ☐ YES ☐ NO
7. Have you had time off work because of your Arthritis? _____
8. Please describe any treatment you have been or are receiving, e.g. tablets (specify), injections into the joint, “gold” injections, operations to the joint and hospitalisation etc. _____

   _____
9. Please state the name and address of the doctor last consulted for arthritis and the date of last consultation.

   _____

   _____

I hereby declare that the above particulars and answers are complete and true.

Dated at _____ this _____ day of _____ _____

_____
Signature of Applicant

Please note that in the event of any modification or variation of this standard form Resolution Life will regard this form as being invalid and of no force and effect.

Do not sign blank or incomplete forms.