Liver disease questionnaire

Zurich FutureWise, Zurich Active and Zurich Sumo

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This questionnaire should be completed by the applicant's medical attendant.

1 Details of person to be insured

Application or policy number: Patient since:

Title: Full given name(s):

Surname: Date of birth:

2 Liver disease questionnaire

History

A. When did your patient first show signs of liver disease?

B. What were the symptoms?

Diagnosis

C. Please advise the precise diagnosis

D. What type of investigations were made? ▶ ***please attach copies of any hospital or laboratory reports***

E. Are there any related or additional complicating factors, eg hypertension, diabetes?

Treatment

F. When and with what form of therapy did treatment commence? Please specify date, type and duration

G. What therapy is your patient currently receiving?

SRAN-011561-2016 BFS0165 V1 10/16

Liver disease questionnaire (continued)

Present condition

H. Please describe your patient's present condition, the severity of the disease and frequency of symptoms. Can your patient's condition be considered stable, improving or deteriorating?

I. If available, please provide the results of all liver function tests within the last two years

J. Remarks/observations

3 Signature

Signature of medical attendant

Date:

Full given name(s):

Surname:

Stamp

Please return all relevant forms by mail to **Zurich Australia Limited, GPO Box 5216, Brisbane QLD 4001**, by email **life.insurance@zurich.com.au** or by fax **1800 812 175**