UniversalHealth 100

tumour & cyst questionnaire

Please fill in **ENTIRE FORM** using **BLOCK CAPITALS**

Medical/health condition concerned:

Name of Insured Person:

ID/Passport No.:

1. When was the growth, cyst, lump or tumour first discovered?

2. In which part of the body was it situated?

3. Please state the precise diagnosis if known:

4. Have you had any tests or other investigations for this condition? ☐ Yes ☐ No. If Yes, please provide details, including dates of investigations and results. (Please attach copy of medical report(s) with this questionnaire if available.)

5. Has the growth been removed? ☐ Yes ☐ No. If Yes, please provide:
   a) Date of surgery:
   b) Name of surgeon, general practitioner, consultant, Hospital or clinic:
   c) What treatment have you had following removal? (e.g. tablets, radiotherapy, chemotherapy, etc) Please specify commencement and completion date of treatment.
   d) Have you been given any information regarding outlook &/or prognosis? ☐ Yes ☐ No. If Yes, please specify.
   e) Details of investigations which have been carried out, including date(s) and result of tests:
   f) Details of any proposed treatment or surgery:
   g) Chinese medicine practitioner or others:

6. Regarding the monitoring of your condition:
   Name & address of your current treating Physician and/or Hospital:
   a) How often do you attend follow-up?
   b) State your last follow-up date: Next follow-up date:
   c) If you have been discharged from follow-up, please state when:

7. Have there been any sign(s) of recurrence or metastasis to other parts of the body? ☐ Yes ☐ No. If Yes, please provide full medical report(s)from the attending doctor on the above condition: severity of condition and prognosis; dates and past treatments given; current treatment/medication (if any); planned or upcoming treatment (if any); and current symptoms (if any).

I hereby declare that all answers to the foregoing questions are correctly recorded, and that they are full, complete and true.

Signature of the Insured Person
(Signature by Policyholder if the Insured Person is a Minor)

Date

UH100 Tum&Cys 2012/12

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