

# Questionnaire – Chest Pain



Name

Proposal number

## Important information for customers

Before completing this questionnaire it is important that you read this statement, as you will be required to sign a declaration stating that you understand and agree to the following:

That if you do not answer the questions honestly and completely, Zurich Life may not pay any claim. It is vital that you answer all questions fully as Zurich Life will not necessarily obtain any medical reports from your doctor in respect of the answers given in this form.

Zurich Life may accept or provide terms based on your answers alone.

The information requested below is to enable Zurich Life make a decision in some instances without having to request a report from your General Practitioner (GP). If some of the answers are unknown to you please try to obtain this information from your GP.

If you are in doubt about this declaration please refer to your Financial Adviser or Zurich Life

## Chest Pain

If you have had more than one episode, please answer questions 1 to 7 in respect of each one.

### 1. When did this occur?

**2. What was the pain like? Please tick as many boxes as are appropriate:**

How painful was it?

☐Mild                      ☐Moderately severe                      ☐Severe                      ☐Other (please describe)

What sort of pain was it?

☐Stabbing   ☐Crushing   ☐Constricting or a tightness   ☐Aching   ☐Other (please describe)

Whereabouts did it occur?

☐Centrally in the chest   ☐Left side   ☐Right side   ☐High in the chest   ☐Low   ☐Other (please describe)

Did it travel to anywhere else?

☐To the shoulder   ☐Down the arm (if so, say which)   ☐To the neck or jaw   ☐Other (please describe)

What brought it on?

☐Exercise or physical work   ☐Awkward posture   ☐Came on for no apparent reason  
☐Other (please describe)

**3. How long did the pain last (for example so many minutes or hours, or perhaps it was on and off for a period)?**

**4. What happened next (for example you consulted your doctor, you went to A&E or you were taken to hospital by ambulance)?**

**5. Did you have any investigations done? (examples could include blood tests, an x-ray and an ECG)**

☐ Yes      ☐ No

If Yes, what was the test and what were the results?

**6. Were you kept in hospital?**

☐ Yes      ☐ No      ☐ Not Applicable

If Yes, for how long?

**7. What treatment did you have? Please include details of any medicines you were prescribed and when you stopped taking them.**

**8. Are you on any treatment now?**

☐Yes      ☐No

If Yes, what is this?

**9. Has this cleared up now? Are you symptom-free?**

☐Yes      ☐No

If No, please give details.

**10. Are you still under follow up or review?**

☐Yes      ☐No

If Yes, when is your next appointment?

**11. Has this condition ever affected your work or your day to day activities?**

☐ Yes      ☐ No

If Yes, please give full details.

**Declaration**

I declare that the answers to the above questions are true and complete (including any statements written down for me).

I have read and understood the 'important information for customer' notice on page one of this form and understand that failure to give true and complete answers to the above questions could result in Zurich Life rejecting all or part of any claim that may arise.

I agree that this declaration shall be incorporated with and form part of the original application form.

Signature of the life insured \_\_\_\_\_ Date \_\_\_\_\_

**Zurich Life Assurance plc**

Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.

Telephone: 01 283 1301 Fax: 01 283 1578 Website: [www.zurichlife.ie](http://www.zurichlife.ie)

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