PACIFIC CROSS VIETNAM

The strength behind your insurance

GENERAL QUESTIONNAIRE

IF YOU ANSWERED "YES" TO ANY QUESTIONS 2, 3, 4 IN C-SECTION IN HEALTHCARE INSURANCE APPLICATION, PLEASE PROVIDE BELOW DETAILS

Question No.: _____

1. The first symptom(s) appear (or Accidents/Injuries occur)**:** ..... **(dd/mm/yyyy)**

2. Symptom(s)'s description:.....

3. Part(s) of body affected (please state right/left):.....

.....

4. The underlying cause *(or Type of Accidents/Injuries)***:** .....

5. The exact diagnosis made by doctor: .....

.....

6. Treatment:

☐ Medication. Name and dosage: .....

.....

☐ Tests/ Radiology. Name and result: .....

.....

☐ Surgery. *Please state the details (when, number and type of each surgery, etc.)*.....

.....

Pin/Material inserted into the body? ☐ *No* ☐ *Yes, when it removed (day/month/year)* .....

☐ Others. Please state the details:

7. Frequency of attacks in the past 12 months *(for illness only):* .....

8. Date of last consultation (day/month/year): .....

9. Current status:

☐ *Full recovery.*

☐ *Not completely recovery. Please state the details, current treatment and ongoing treatment:*.....

.....

10. Name and address of treating doctor/clinic/hospital:.....

11. (*) For Hypertension, Dyslipidemia, Abnormal Glycemia. Please provide these indexes taken within the last 03 months:

Blood pressure: The highest:..... The last 03 months: .....

Lipid profiles: Cholesterol:..... HDL: .....LDL: ..... **Triglycerides:**.....

Fasting plasma glucose: .....HbA1c: .....

12. Any additional information (if have) which is not indicated above:.....

.....

.....

13. Please provide all related medical report (if available).

If the space provided is insufficient, please use back of page.

Signature of Insured Person:.....

Name of Insured Person:..... Date (dd/mm/yyyy): .....

(**) If the Insured Person provides "General Questionnaire" by their email which is registered in Healthcare Insurance Application Form, the "Signature of Insured Person" can be ignored; the information of "Name of Insured Person" and "Date" still need to be provided.

GENERAL QUESTIONNAIRE

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