

The strength behind your insurance

GOUT QUESTIONNAIRE

(To be completed by the applicant)

- 1. When did you have your first attack of gout?_____
- 2. What was the nature of the symptoms? Which joints are affected?_____
- 3. How many attacks have you had? _____
- 4. What was the date of your last attack?_____
- 5. What is the duration of each attack? Does the gout respond to therapy?_____

6. How severe are the attacks?_____

- 7. Has any of the attacks caused you to restrict your occupational activities or to be absent from work? (Y/N). If "Yes" please provide full details
- 8. Please describe any treatment you have been or are receiving _____

9. Date and results of last serum uric acid level _____

10. Please give the name and address of the doctor last consulted for gout

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

Signed:

_____Date (day/month/year): _____