**CHEST PAIN QUESTIONNAIRE – APPLICANT**

(This questionnaire will form part of the application)

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| --- | --- | --- | --- |
| **First Name:** |       | **Last Name:** |       |
| **Date of Birth** (mm/dd/yyyy): |       | **Policy/Application No.** |       |

|  |  |
| --- | --- |
| 1. When did you first experience chest pain?
 |       |
| 1. How frequently do these attacks occur?
 |
| Frequency | Dates (Month/Year) |
|       |       |
| 3. What were you doing before the onset of the attack? |
| [ ]  At rest [ ]  Exertion/Activity       |
| 1. What is the average duration of an attack?
 | [ ]  Seconds  | [ ]  Minutes  | [ ]  Hours |
| 1. Where is the location and radiation of the pain?
 |
| [ ]  Central part of the chest | [ ]  Right side of the chest | [ ]  Left side of the chest |
| [ ]  Others:       |
| 1. Describe the nature of pain or discomfort.
 |
| [ ]  Stabbing | [ ]  Squeezing | [ ]  Chest Heaviness |
| [ ]  Burning | [ ]  Constricting | [ ]  Others:       |
| 1. Did the pain radiate to other parts of the body?
 |
| [ ]  If **YES**, please check below: [ ]  No |
| [ ]  Jaw | [ ]  Neck | [ ]  Back |
| [ ]  Shoulder | [ ]  Abdomen | [ ]  Others:       |
| 1. Was your chest pain triggered or aggravated by any of the following activities?
 |
| [ ]  Exercise | [ ]  Yes [ ]  No |
| [ ]  Body Movement/Exertion | [ ]  Yes [ ]  No |
| [ ]  Breathing | [ ]  Yes [ ]  No |
| [ ]  Others | [ ]  Yes [ ]  No |
| 1. Have you consulted a doctor for the chest pain?
 | [ ]  Yes (Please provide details.) [ ]  No |
|       |
| 1. Have you been admitted to a hospital/facility due to chest pain?
 | [ ]  Yes (Please provide details.) [ ]  No |
| Date Admitted(Month/Year) | Date Discharged(Month/Year) | Name of Hospital/Facility | Reason for Confinement |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| 1. Did you undergo any test to investigate the cause of chest pain?
 | [ ]  Yes (Please provide details.) [ ]  No |
| Date (Month/Year) | Type of Diagnostic Test | Results |
|       | [ ]  ECG |       |
|       | [ ]  Chest X-ray |       |
|       | [ ]  Treadmill Stress Test |       |
|       | [ ]  Echocardiogram |       |
|       | [ ]  24-Hour Holter Monitoring |       |
|       | [ ]  Thallium Perfusion Scan |       |
|       | [ ]  Blood Test: Creatine Phosphokinase |       |
|       | [ ]  Blood Test: Creatine Kinase (CK) |       |
|       | [ ]  Blood Test: Troponin |       |
|       | [ ]  Blood Test: CK-MB |       |
|       | [ ]  Blood Test: Myoglobin |       |
|       | [ ]  Others |       |
| 1. Were there medications prescribed for the chest pain?
 | [ ]  Yes (Please provide details.) [ ]  No |
| Name of Medication | Date Prescribed (Month/Year) | Frequency and Dosage | Date Medication Stopped (Month/Year) | Reason |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| 1. Do you still experience chest pain?
 | [ ]  Yes (Please provide details.) [ ]  No |
| When was the last time you had chest pain? | How long did your last chest pain last? |
|       |       |
| 1. Please provide any additional information that you feel is important.
 |
|       |
| 1. Please provide details regarding the doctors and/or specialists you see in relation to this condition:
 |
| Name of Doctor, Hospital or Clinic | Address | Date of Last Consultation (Month/Year) |
|       |       |       |
|       |       |       |

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| **DECLARATION** |
|  |
| **I confirm that the answers I have given are, to the best of my knowledge, true and correct and that I have not withheld any material information that may influence the assessment or acceptance of this application.** **I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate my insurance. Furthermore, I understand that declaration of any untruthful statement may also be a ground to invalidate my insurance.** |

|  |  |
| --- | --- |
| **Name:** |       |

|  |  |
| --- | --- |
| **Signature:** |  |

|  |  |
| --- | --- |
| **Date of Signing:** |       |

