
GASTRO-INTESTINAL QUESTIONNAIRE (to be completed by proposed insured)

Name: _____ Application No.: _____

1. Date you first experienced symptoms? dd/mm/yyyy
2. Date of last attack and how often do they occur? dd/mm/yyyy
3. Are attacks becoming more frequent? _____
4. Do you experience: Vomiting Passing of Black Stools Symptoms Relieved by Eating Food
Do attacks occur at about the same time after eating? Yes No
Other (explain): _____
5. Have you lost weight within the last six months? Yes No If so, how much and reason if known:

6. When and why did you last consult your attending physician?

7. Name and address of Doctor:

8. What was your understanding of the diagnosis of the complaint? _____
If it was an ulcer, were you told it was: Duodenal Gastric Other: _____
9. Have you been advised to go on a diet, or to take medication? Yes No
10. Have you had, or been advised to have: X-Rays Tests Surgery Further Consultations
If yes, please give doctor or hospital names, dates and results:

11. If operation performed, have there been any subsequent recurrences? Yes No
If yes, describe frequency, symptoms, last recurrence, name of doctor or hospital is involved:

12. Are you still under treatment? Yes No If yes, give type, quantity and frequency:

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured