

## Chest Pain Questionnaire – Confidential

To be completed in English by the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

Exact occupation

1. What was the date of the first attack? (dd/mm/yyyy)

2. Please provide the following information regarding the attack(s):

a) Site of the discomfort (e.g. middle of chest, left or right arm or elsewhere)

b) Nature of pain or discomfort (e.g. vice-like ache, burning, stabbing pain)

c) Did the pain radiate outside the chest? (e.g. to the shoulders, arms, jaw)

3. What was the date of the most recent attack (dd/mm/yyyy)?

4. How frequently did these attacks occur?

5. What is the average duration of an attack? If any attack lasted for more than 20 minutes, please state date and duration.

6. What were the circumstances of onset? (e.g. sudden, gradual, at rest, on effort, other)

7. Have you attended hospital or seen a doctor for investigations? Yes  No  If Yes, what investigations were carried out and what were the results?


8. Are any of your physical activities restricted? (e.g. at work, in sport) Yes  No  If Yes, please give details.


Do your attacks only occur on exertion? Yes  No  If the attacks only occur at rest, at what time of the day do they take place?

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9. Has an electrocardiogram, echocardiogram or an x-ray of your chest or any cardiac enzymes been taken? Yes  No  If Yes, please state dates and name and address or where/when carried out.

Electrocardiogram:


Echocardiogram:


X-ray of chest


Enzymes test


10. Have you had a diagnosis of your condition? Yes  No  If Yes, please provide full details of the diagnosis and the name and address of the person who gave you the diagnosis.


11. Do you expect to seek further medical advice regarding this? Yes  No  If Yes, please give details.


12. Have you been/Are you currently taking any medication for this? Yes  No  If Yes, please give details.


**Data Protection Act**

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

**Declaration**

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)