

Broker Name:

Abbott Insurance

Tel No:

01383 511442

Contact Name:

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Client Name:

Name of Person with medical Condition:

Age

Area of Travel:

Date of Travel:

Duration:

Condition Name:	Date of Diagnosis:	Date of last change to condition:

If Angina, when was last attack?

If Cholesterol, what is level?

If Osteoporosis, date & nature of fractures

If Arthritis, what joints are affected?

If high blood pressure has been diagnosed, please provide details of last two readings?

<input type="text"/>	<input type="text"/>
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If there have been any changes in condition in last 12 months please give details

Medication names	Strength	How Often	Which condition is this linked to

Have you been in hospital due to any of the above conditions:

YES

NO

If Yes when and how long for?

Are you waiting for ongoing tests/investigations?

YES

NO

Give details of any operations or other treatments scheduled for the next 12 months?

Do you have regular check-ups with the GP/Consultant, if so who with and how often?

Details of any previous claims on these medical conditions.

If you require additional space please use the back of this form.