Kidney and urinary tract disorders questionnaire

Your details

Name

Application number(s)

Why we are asking you for this information

You told us that you have had symptoms relating to your kidney or urinary tract. We'd like some more information on this so that we can assess whether to offer you cover and the terms of that cover.

What you need to know before completing the questionnaire

You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.

If you don't answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

Please answer the following questions

1. Please tell us what symptoms you have had relating to your kidney or urinary tract:

Symptom	From	To
	M M Y Y	M M Y Y
	M M Y Y	M M Y Y
	M M Y Y	M M Y Y

2. Have you ever had any of the following tests or investigations in relation to these symptoms?

Test or investigation (Please tick any which apply)	Date of test	Result (please tick as appropriate) Normal	Abnormal	Awaited	If awaited, please give date result expected
☐ Cystoscopy	M M Y Y	☐	☐	☐	M M Y Y
☐ Renal ultrasound scan	M M Y Y	☐	☐	☐	M M Y Y
☐ Urine test	M M Y Y	☐	☐	☐	M M Y Y
☐ Renal function test (blood test)	M M Y Y	☐	☐	☐	M M Y Y
☐ IVP (injection of dye into vein to show kidneys)	M M Y Y	☐	☐	☐	M M Y Y
☐ Other	M M Y Y	☐	☐	☐	M M Y Y

If 'other', please describe below:

3. Has a definite diagnosis been made in relation to your symptoms? ☐ Yes ☐ No

If 'yes', please confirm if the diagnosis was any of the following:

Diagnosis	Please tick
Cystitis	☐ Yes ☐ No
Urinary tract infection	☐ Yes ☐ No
Bladder infection	☐ Yes ☐ No
Kidney infection	☐ Yes ☐ No
Kidney stones	☐ Yes ☐ No
Nephritis	☐ Yes ☐ No
Cancer/tumour	☐ Yes ☐ No
Other	☐ Yes ☐ No

If 'other', please describe below:

_____

4. Was there an underlying cause given for your symptoms? ☐ Yes ☐ No

If 'yes', please give details below:

_____

5. Have you required any treatment? ☐ Yes ☐ No

If 'yes', please give details of your treatment and dates:

Name of treatment(s)	From	To
_____	M M Y Y	M M Y Y
_____	M M Y Y	M M Y Y
_____	M M Y Y	M M Y Y
_____	M M Y Y	M M Y Y

6. If you have had kidney stones, have you passed the stone from your last episode? ☐ Yes ☐ No ☐ Not applicable

7. If you currently have a stone or stones in your kidneys, have they ever been described as "staghorn"? ☐ Yes ☐ No ☐ Not applicable

8. Have you ever had raised blood pressure? ☐ Yes ☐ No

If 'yes', please tell us the date your blood pressure was first found to be raised: M M Y Y

Since your blood pressure was first found to be raised, has your blood pressure:

☐ Stayed the same ☐ Reduced ☐ Returned to normal ☐ Not been re-checked

☐ Other

If 'other', please describe below:

_____

9. Have you been discharged from any future review or follow-up with your GP or other health professional?

☐ Yes If 'yes', please tell us the date you were discharged. M M Y Y

☐ No If 'no', please tell us the date of your next appointment. M M Y Y

10. In the last three years, have you required any time off work because of your symptoms? ☐ Yes ☐ No

If 'yes', please tell us the periods of absence in the space provided:

From	To
M M Y Y	M M Y Y
M M Y Y	M M Y Y
M M Y Y	M M Y Y

11. If you need more space to answer the questions in this questionnaire, please provide any additional information here:

12. Do you have any reports or letters from the specialist about your condition? ☐ Yes ☐ No

If 'yes', please email us a scanned copy to **underwriting.team@uk.zurich.com** including the application number(s) in the title of your email, or send them to us at Medical Underwriting department, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Declaration

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven't answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Signature

Date D D M M Y Y Y Y

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