TY MEDICAL PRACTICE LIMITED

☐ **Mongkok**
G/F 748 Nathan Road Kowloon
(Prince Edward MTR Exit B2)
Tel :3102 5678
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G/F 483 Nathan Road Kowloon
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☐ **Causeway Bay**
B/F 473 Hennessy Road Hong Kong
(Causeway Bay MTR Exit B)
Tel :2836 6288
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Pre-Insurance Medical Questionnaire

Name : _____ Date : _____

1. Detail of your last attending doctor:

   Date : _____Y_____M_____D

   Diagnosis : _____

   Doctor Name: _____

   Address : _____

   Are the doctor mentioned above your personal doctor? Y☐ N☐

   If not, please give the detail of your personal doctor

   Name : _____

   Address : _____

2. Family History

   Father Living☐,_____Age Dead☐,at_____old Cause_____

   Mother Living☐,_____Age Dead☐,at_____old Cause_____

   Brother/Sister Living☐, _____Age Dead☐,at_____old Cause_____

   Brother/Sister Living☐, _____Age Dead☐,at_____old Cause_____

   Brother/Sister Living☐, _____Age Dead☐,at_____old Cause_____

Have you ever suffered:

3. Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack, shortness of breath, poor circulation or other disorder of the heart?
   Y ☐ N ☐

4. Respiratory disorder, shortness of breath, blood spitting, persistent hoarseness or cough, bronchitis, pleurisy, asthma, emphysema or tuberculosis?
   Y ☐ N ☐

5. Jaundice, hepatitis, ulcer, colitis, gallstones, diverticulitis, recurrent indigestion, hernia, or other disorder of the stomach, intestines, liver or gallbladder ?
   Y ☐ N ☐

6. Sugar, albumin, blood or pus in urine, stone or other disorder of kidney, bladder, prostate or reproductive organs ? Y ☐ N ☐

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7. Disorder of eye or ear, dizziness, convulsions, epilepsy, headaches, speech defect, paralysis or stroke; mental or nervous disorder? Y ☐ N ☐

8. Deformity, lameness or amputation, disorder of the spine, back, neck, joints, muscles, bone, nerves including neuritis, sciatica, rheumatism, arthritis or gout? Y ☐ N ☐

9. Cancer, tumour, cyst or disorder of the skin or lymph gland? Y ☐ N ☐

10. Congenital disorder, allergies, anaemia, leukemia or other disorder of blood? Y ☐ N ☐

11. Alcoholism or drug abuse? Y ☐ N ☐

12. Venereal disease, AIDS, AIDS-related complex or AIDS-related conditions? Y ☐ N ☐

13. Have you had any blood test for the HIV virus? Y ☐ N ☐

14. Autoimmune disorder, lupus erythematosis or rheumatoid arthritis? Y ☐ N ☐

15. Within the past five years have you had any (a) medical consultation, or (b) operations, hospital care, medical tests (including mammogram, pap smear. ultrasound or biopsies), X-ray, medical treatment or any other treatment or examination not mentioned above (exclude consultations for minor complaints, such as flu, cold, as well as pre-employment medical examination which did not lead to any further investigation or treatment)? Y ☐ N ☐

16. Illness, operation, medical advice or hospital treatment not mentioned above? Y ☐ N ☐

17. Pension and / or claimed payment for any sickness, accident or injury? Y ☐ N ☐

18. Has your weight changed more than 10 lbs in the past year? Y ☐ N ☐

19. Are you currently taking any medication? Y ☐ N ☐

20. Do you smoke or ever smoked tobacco? Y ☐ N ☐

If Yes, average no. of sticks daily_____ Years have smoked_____

21. Do you have alcoholic drinks? Y ☐ N ☐

If Yes, average consumption daily_____ml Years have drinked_____

22. In the case of **female** lives：

- Are there any symptoms of gynaecological disease or have you ever had complications of pregnancy during gestation in the past 10 years (e.g. ectopic pregnancy, miscarriage, disseminated intravascular coagulation, diabetes, hypertension, etc.)? Y ☐ N ☐
- Are the menses normal? Y ☐ N ☐
- If at present pregnant, when is confinement due?

_____Y_____M_____D

~~End~~