iExtend

iExtend Holding Company Pty Ltd

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Stroke/Transient Ischaemic Attack (TIA) Questionnaire

Only enter life insured policy Initials; do NOT enter full name (for Privacy Reasons).

Initials of life insured: Gender: Date of Birth / /

Smoking Status: Non-Smoker Ex-Smoker Smoker

Postcode of your LIfe Insured Height: cms Weight: kgs

Relationship Status: Married/Defacto Widowed Single

QuickCalc Reference Number (if applicable):

1. When did the stroke or TIA occur?

2. Has the life insured made a full recovery from your stroke? Yes No
If No, which lingering symptoms do they experience? *(select all that apply)*
Weakness or Balance issues? Poor Circulation Numbness or Tingling Speech, Memory, or Vision

3. Has any of the life insured's biological parents, brothers, or sisters suffered from heart disease, heart attack, angina or stroke?
If Yes, please provide details + ages when diagnosed.

4. Does the life insured require help with any daily activities, such as driving, bathing, walking, standing, sitting, dressing, preparing meals or managing administrative and banking tasks? Yes No
If Yes, please provide details of the activities and whether partial or full assistance is needed.

5. In an average week, how many times does the life insured engage in vigorous physical activity such as swimming, tennis, gym sessions, running, or walking 2 kilometres or more?
None 1-time 2-3 times 4-5 times everyday

6. In an average week, how often does the life insured engage in social interactions with family, friends, or community groups? Such as visiting family, meeting friends for coffee, attending community events, or participating in group exercise activities.
None 1-time 2-3 times 4-5 times everyday

7. How many different prescribed medications does the life insured take daily?
None 1-2 3-5 5-7 8-9 10+

8. Name of all medication(s) currently taking (and dosage)
To fast-track pre-assessment, have the life insured redact their name, photograph current medications, and submit with this questionnaire.

Medicine 1	Dosage	Medicine 4	Dosage
Medicine 2	Dosage	Medicine 5	Dosage
Medicine 3	Dosage	Medicine 6,7,8	Dosage(s)

9. How long has the life insured been attending their current GP/Medical Practice?
Less than 1 year 1-5 years 5-10 years 10 or more years

10. In the last 12 months, approximately how often has the life insured seen their GP/Medical Practice?
Yearly Half Yearly Quarterly Monthly Fortnightly Weekly

11. Please provide details of the life insured's GP / medical practice.
Name of GP
Address Date Last Seen

12. Would the life insured be willing to confidentially discuss their current health with an iExtend's medical underwriter? Yes No
If Yes, please select a time range (Mon-Friday) that suits the life insured: Morning Early Afternoon Evening (4-6pm)