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Tele-Health Questionnaire Liver Failure / Dialysis

Full name of policy holder

iExtend unique pre-assessment no.

1. When did this condition begin?

2. How would you best describe your symptoms?

Severe, getting worse over time
Very frequent, requiring regular dialysis

Symptoms are mild, well controlled on treatment

3. Is there an underlying liver disease? Yes No

If Yes *(please give details)*

4. In the last 12 months, have you had a transplant or commenced dialysis? Yes No

If Yes *(please give details)*

5. Do you have any other pre-existing complications ? Yes No

If Yes *(please give details)*

6. Has your daily activities of living been restricted because of this condition? Yes No

Please specify limitations

7. What medication(s) you are currently taking? (and the current dosage)

Medicine 1 Dosage

Medicine 2 Dosage

Medicine 3 Dosage

7a. Who has complete information on your condition? Your GP / Medical practice A hospital or clinic or specialist

Name of GP

Address Date last seen

Name of specialist

Address Date last seen