

FAMILY HISTORY QUESTIONNAIRE

1. YOUR DETAILS

Full name (Mr/Mrs/Miss/Ms/Other)

Date of birth (DD MM YYYY)

Policy number

2. YOUR HEALTH DETAILS

Have any of your natural parents, brother(s) or sister(s) had or died from any of the following (see below) before age 65?

You don't need to answer this question if you are adopted or you don't know your family history.

If yes, please give details below

Relation	Condition	Age at diagnosis	In cases of cancer please provide specific type/organ involved
Father			
Mother			
Brother(s)			
Sister(s)			

Choose from:

- Diabetes
- Heart disease
- Cardiomyopathy
- MS (Multiple Sclerosis)
- Stroke
- Cancer
- Polyposis of the colon
- Huntington's disease
- Motor neurone disease
- Muscular dystrophy
- Myotonic Dystrophy/Myotonia Atrophica
- Kidney disease (including polycystic kidney disease)
- Parkinson's disease
- Alzheimer's disease

3. YOUR DECLARATION TO US

- I declare that the above information is true and complete to the best of my knowledge and belief.
- I understand that this shall form part of my application with my Scottish Widows plan as stated in section 1 of this questionnaire.

Signature

Date (DD MM YYYY)

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