

# Liberty Health Cover

## Chronic Medicine Application Form



LIFE INVESTMENTS INSURANCE HEALTH PROPERTIES ADVICE

**Important: please read the following before completing this application form**

- Please write clearly using capital and block letters.
- Please submit your completed form to our Liberty Health Cover in-country office.
- It is compulsory to complete all the fields in this form.

### 1. PERSONAL DETAILS | PRINCIPAL MEMBER OR POLICYHOLDER

Please complete in block capitals

First name and last name

Title  Membership or policy number

### 2. GENERAL PATIENT INFORMATION

Please complete in block capitals

Patient's first name and last name

Title  Date of birth  Y Y Y Y M M D D Gender  M  F

### 3. DOCTOR AND PROVIDER DETAILS

Please complete in block capitals

Hospital name

Hospital Practice No.

Treating doctor's first name and last name

Practice/Registration No.  Speciality

Work number (include country and area code)  +

Mobile (include country and area code)  +

E-mail

### TO BE COMPLETED BY THE ATTENDING MEDICAL PRACTITIONER

#### CLINICAL EXAMINATION GENERAL INFORMATION (TO BE COMPLETED FOR ALL APPLICANTS)

Please complete in block capitals

Weight (kg)  Height (cm)  BMI  Smoking  Y  N Exercise  Y  N TIA/Stroke  Y  N

Blood pressure (sitting, having rested for 5 minutes) mmHg  Date of test  Y Y Y Y M M D D

Please tick the box next to the chronic condition(s) listed below that apply to your patient.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Acne  | <input type="checkbox"/> Bronchiectasis                                 | <input type="checkbox"/> Depression                         | <input type="checkbox"/> Gastro-oesophageal reflux disorder (GORD) |
| <input type="checkbox"/> Addison's disease                               | <input type="checkbox"/> Bulimia nervosa                                | <input type="checkbox"/> Dermatitis/eczema                  | <input type="checkbox"/> Gout                                      |
| <input type="checkbox"/> Allergic rhinitis                               | <input type="checkbox"/> Cardiac failure                                | <input type="checkbox"/> Dermatomyositis                    | <input type="checkbox"/> Haemophilia                               |
| <input type="checkbox"/> Alzheimer's disease                             | <input type="checkbox"/> Cardiomyopathy                                 | <input type="checkbox"/> Diabetes insipidus                 | <input type="checkbox"/> Hepatitis B                               |
| <input type="checkbox"/> Anaemia   | <input type="checkbox"/> Chronic obstructive pulmonary disorder (COPD)  | <input type="checkbox"/> Diabetes mellitus type 1           | <input type="checkbox"/> Hepatitis C                               |
| <input type="checkbox"/> Ankylosing spondylitis                          | <input type="checkbox"/> Chronic renal disease                          | <input type="checkbox"/> Diabetes mellitus type 2           | <input type="checkbox"/> HIV/AIDS                                  |
| <input type="checkbox"/> Anorexia nervosa                                | <input type="checkbox"/> Conn's syndrome                                | <input type="checkbox"/> Diverticular disease               | <input type="checkbox"/> Hyperlipidaemia                           |
| <input type="checkbox"/> Arrhythmias and conduction disorders            | <input type="checkbox"/> Cor pulmonale                                  | <input type="checkbox"/> Dysrhythmias                       | <input type="checkbox"/> Hyperparathyroidism                       |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Coronary artery disease/Ischemic heart disease | <input type="checkbox"/> Dystonia                           | <input type="checkbox"/> Hypertension                              |
| <input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD) | <input type="checkbox"/> Crohn's disease                                | <input type="checkbox"/> Endometriosis                      | <input type="checkbox"/> Hyperthyroidism                           |
| <input type="checkbox"/> Barrett's oesophagitis                          | <input type="checkbox"/> Cushing's disease                              | <input type="checkbox"/> Epilepsy                           | <input type="checkbox"/> Hypothyroidism                            |
| <input type="checkbox"/> Benign prostatic hypertrophy                    | <input type="checkbox"/> Cystic fibrosis                                | <input type="checkbox"/> Generalised anxiety disorder (GAD) | <input type="checkbox"/> Hypopituitarism                           |
| <input type="checkbox"/> Bipolar mood disorder                           | <input type="checkbox"/> Deep vein thrombosis                           | <input type="checkbox"/> Glaucoma                           | <input type="checkbox"/> Malabsorption syndrome                    |
|  |   |   | <input type="checkbox"/> Male hypogonadism                         |

