

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 |

