more2life
the later life lender

Health and lifestyle questionnaire

Medical underwriting reference number: .....

	First Applicant	Second Applicant
Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐
Surname	.....	.....
First name(s)	.....	.....
Date of birth	..... /..... /.....	..... /..... /.....

	First Applicant	Second Applicant
Weight (metric/imperial)	.....	.....
Height (metric/imperial)	.....	.....
If you smoke manufactured cigarettes, have you smoked 10 or more cigarettes per day for the last 10 years?	Yes ☐ No ☐	Yes ☐ No ☐
If you smoke rolling tobacco, have you smoked more than 3oz or 85g per week for the last 10 years?	Yes ☐ No ☐	Yes ☐ No ☐
Have you been diagnosed with high blood pressure, requiring ongoing medication?	Yes ☐ No ☐	Yes ☐ No ☐
Have you been diagnosed with diabetes, requiring insulin or tablet treatment?	Yes ☐ No ☐	Yes ☐ No ☐
Have you suffered from a stroke (CVA), excluding mini-strokes (TIAs)?	Yes ☐ No ☐	Yes ☐ No ☐
Have you suffered a heart attack, requiring hospital admission?	Yes ☐ No ☐	Yes ☐ No ☐
Have you been diagnosed with angina, requiring ongoing medication?	Yes ☐ No ☐	Yes ☐ No ☐
Have you been diagnosed with cancer (excluding skin cancer and benign tumours) requiring surgery, chemotherapy or radiotherapy?	Yes ☐ No ☐	Yes ☐ No ☐
Have you been diagnosed with Parkinson's disease?	Yes ☐ No ☐	Yes ☐ No ☐
Have you been diagnosed with multiple sclerosis?	Yes ☐ No ☐	Yes ☐ No ☐
Have you taken early retirement on the grounds of ill health?	Yes ☐ No ☐	Yes ☐ No ☐