Policy Number

HYPERCHOLESTEROLEMIA QUESTIONNAIRE - APPLICANT
(To form part of the policy contract)

Name of Applicant: _____

1. When was your hypercholesterolemia/dyslipidemia first diagnosed? _____

2. What was your most recent Total Cholesterol or Cholesterol/HDL Ratio **within the last 6 months?**

Date test was done (mm/dd/yyyy)	Results	
	Total Cholesterol	**Cholesterol/HDL Ratio**
/ /	_____◯ mmol/L _____◯mg/dL	

3. Are you currently on medication for this condition?
   ◯ NO, it was never prescribed ◯YES, please provide details

Name of Drug	Frequency and Dosage	Date Medication Started (mm/dd/yyyy)	Date Medication Stopped (mm/dd/yyyy) & Reason/s	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

4. Has there been any change in your medication for hypercholesterolemia or dyslipidemia as advised by your attending physician?

   If the answer is "yes", please provide details below. Please indicate name of medication and dosage on space provided:

   ◯ Increased dosage of current medication_____

   ◯ Prescribed additional medication for Hypercholesterolemia/Dyslipidemia_____

   ◯ Change of medication with higher dosage _____

5. Were you prescribed medication but has stopped taking it? ◯ YES, please provide details ◯ NO

Please check	Reason	Date Medication Stopped
◯	My attending physician asked me to stop my medication for hypercholesterolemia or dyslipidemia. Only change in diet and/or regular follow-up is needed.	/ /
◯	It was my own personal decision and without my attending physician's advice	/ /
◯	Others:	/ /

6. Have you ever had, or do you currently suffer from any of the following?   ◯ YES ◯ NO

Hypertension (if yes, please complete Hypertension Questionnaire)	◯ Yes ◯ No
Familial Hypercholesterolemia (see definition below) **Monogenetic familial hypercholesterolemia (FHC)** is a genetic disease associated with mutations on the LDL receptor and very high levels of serum cholesterol (and LDL). **Familial Hypercholesterolemia and Family History are NOT one and the same.**	◯ Yes ◯ No
Others:	◯ Yes ◯ No

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true and correct and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate my insurance.

_____   _____
      *Name and Signature   Date of Signing

*To be completed and signed by the Proposed Owner if application is for a Minor.

AXA PHILIPPINES

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