BMO Insurance

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BMO Life Assurance Company
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CHEST PAIN/CHEST DISCOMFORT QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Frequency of episodes of discomfort with approximate dates which relates to your history:

   ☐ I have had only one episode which occurred on (give dates): _____

   ☐ I have had _____ episodes which occurred on (give dates): _____

   ☐ Episodes have been of a recurring nature.

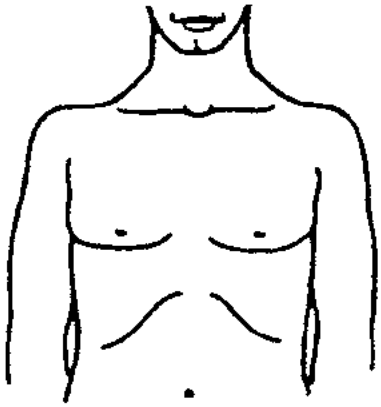
   First episode occurred on (give date): _____ Last episode occurred on (give date): _____

   Frequency (per day, week or month): _____ Discomfort typically occurs: ☐ during exercise ☐ when at rest

N.B. Questions 2 to 6 are to be answered as relating to a single episode, or to a typical episode if there have been many.

2. a) Describe location of discomfort relative to the breast-bone, e.g. left of breast-bone, right of breast-bone, directly under breast-bone, in region of nipple, etc.: _____

In the diagram below, shade in the area corresponding to the location and the extent of the discomfort.



3. State whether pain or discomfort radiated to other regions, e.g. arm, neck, jaw etc.: _____

4. Describe the character and severity of the discomfort, by checking the appropriate descriptive terms. ☐ Squeezing ☐ Knife-like ☐ Aching ☐ Constricting ☐ Stinging ☐ Burning ☐ Other: _____

5. Was there: ☐ Shortness of Breath ☐ Vomiting ☐ Sensation of Fear?

6. How long a period did the discomfort last? _____

7. Did it necessitate cessation of activity on any occasion? ☐ Yes ☐ No
   If yes, when and for how long a period? _____

8. a) Were you informed of the nature of the trouble? ☐ Yes ☐ No
   If yes, give details: _____
   b) Were you advised to follow any treatment or to modify your habits of living? ☐ Yes ☐ No
   If yes, give details: _____

9. a) Were any electrocardiograms made? ☐ Yes ☐ No
   If yes, when and by whom? _____
   b) What is your understanding of the results? _____

10. a) What are your daily habits as regards smoking? ☐ Cigarettes (approx. _____ per day) ☐ Pipe or Cigar ☐ Non-smoker
    b) During your adult life, have your smoking habits changed substantially? ☐ Yes ☐ No
    If yes, give details: _____

11. Name and Address of Physicians Consulted for Pain or Discomfort — Dates Consulted (dd/mmm/yyyy)

_____ _____

_____ _____

_____ _____

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X