

# Health 4 Life Pty Ltd

## Pre-Insurance Medical Request

**Proposer Details:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business Hours Phone: \_\_\_\_\_  Preferred [ ]

Mobile Phone: \_\_\_\_\_ [ ]

E-Mail Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Reference #: \_\_\_\_\_

Authorising Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Pre-Insurance Requirements:**

	<input checked="" type="checkbox"/> Required
Medical Examination.....	[ ]
HIV.....	[ ]
MBA 20 (Fasting) - Includes liver function, ALT, ALP, Cholesterol, HDL, LDL.....	[ ]
Hepatitis B and C Antibodies.....	[ ]
Iron Studies.....	[ ]
Full Blood Count.....	[ ]
Urine Cotinine.....	[ ]
Morning Urine Protein.....	[ ]
Lung Function Testing – Spirometry.....	[ ]
ECG.....	[ ]
Exercise Stress ECG.....	[ ]
Chest X-Ray.....	[ ]

**Other Requirements:**

\_\_\_\_\_

\_\_\_\_\_

**Visit Authorisation:**

The client site visit is essential and has been authorised by the insurer: Yes / No

Agent's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY