Supplementary Pregnancy Questionnaire

If you are a married woman please answer the below questions.

Name: _____

Last Menstrual period date: _____

Do you have an earlier history of Caesarean Section, Premature Delivery or Premature babies? Or any other complications related to maternity, till date?

Have you undergone any treatment or taken any medications for infertility to achieve this pregnancy?

Please send a copy of the latest ultrasound report and specify if there are any abnormal findings or more than one foetus seen.

Do you have any of the below conditions?

Medical Condition	YES / NO
Any Heart Disease or hypertension	Yes ☐ No ☐
Autoimmune Diseases	Yes ☐ No ☐
Diabetes/gestational diabetes	Yes ☐ No ☐
Thyroid Diseases	Yes ☐ No ☐
Kidney Diseases	Yes ☐ No ☐
Any placenta problems with the current pregnancy	Yes ☐ No ☐
Any episode of vaginal bleeding with this pregnancy	Yes ☐ No ☐

If the answer to any of the above is **yes** please support with relevant medical records and detailed information on the same.

Disclaimer: I understand and acknowledge any pregnancy not declared at the time of this application's coverage will be at the sole discretion of the insurer. The insurer has the right to not cover any maternity claims to any undeclared pregnancy. I also acknowledge and understand any pregnancy, which arises within forty calendar days from the date of this application; coverage will also be at the discretion of the insurer.

Name: _____

Signature: _____

Date: _____