

# MediQuick Form

June 2019

**OnePath Life Limited (OnePath Life)**

ABN 33 009 657 176 AFSL 238341

**Group Risk Administration**

**Phone** 1800 199 414

**Email** group.riskuw@onepath.com.au

**Website** onepath.com.au

Plan name	<input type="text"/>		
Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>		
First name	<input type="text"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	Date of application(s) (dd/mm/yyyy)	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

## Type of insurance applying for (please tick):

Group salary continuance insurance

Group life/TPD insurance

Name of adviser authorising MediQuick

The examiner is required to obtain a clear and complete answer for each of the following questions:

Name of regular doctor

Phone

Address

Suburb  State  Postcode

How long have you been a patient of this doctor?  yrs  mths Date of last consultation (dd/mm/yyyy)

Reason for and outcome of last consultation

Are you considering consulting or receiving advice or treatment from any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care professional, or seeking a medical examination (other than this MediQuick), tests or an operation? If **yes**, please provide details:

Do you take any prescribed medication on a regular basis? If **yes**, please provide details:

## Blood pressure reading

The diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or if the diastolic is above 85 or below 60, two further readings at 5 to 10 minute intervals are required:

Reading	Systolic	Diastolic
First	<input type="text"/>	<input type="text"/>
Second	<input type="text"/>	<input type="text"/>
Third	<input type="text"/>	<input type="text"/>

## Urinalysis

Urine should be passed at the time of examination. State if positive or negative.

Blood  Positive  Negative  
Protein  Positive  Negative  
Glucose  Positive  Negative  
Bilirubin  Positive  Negative

If positive, please arrange MSU.

## Measurements

Chest inspiration (cm)  Chest expiration (cm)  Abdomen (cm)

## Height and weight

To be taken without shoes and clothed. If client is over the weight measured by the scales then provide last known weight.

Height (cm)  Weight (kg)   
Over the past 12 months, have you had considerable weight loss or weight gain? Weight loss  Yes  No Weight gain  Yes  No

If **yes**, advise amount in kilograms and reason for change:

  

The examiner is required to complete this section

Name of examiner   
Phone   
Qualification   
Address   
Suburb  State  Postcode

## Declaration and consent

Your duty of disclosure was set out in your original application to us. You have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. The duty continues up to the time we accept your application.

I declare that the above answers are true and complete to the best of my knowledge, and understand that these will be used (together with my original application) by OnePath Life to decide whether to provide or amend my insurance.

I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) in accordance with the Privacy Statement disclosed on the original application and the OnePath Privacy policy which is available at OnePath's website [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) or by calling Customer Services.

Signature of examiner  Date (dd/mm/yyyy)

Signature of life to be insured  Date (dd/mm/yyyy)

### Head office

**Office located at**  
347 Kent Street  
Sydney NSW 2000

**Postal address**  
OnePath Life  
GPO Box 4129  
Sydney NSW 2001