

VASCULAR SUPPLEMENTARY QUESTIONNAIRE

Please use the data from your last successfully submitted annual appraisal to complete this questionnaire.

1.1 Please state whether you are employed by the NHS as a Consultant Vascular Surgeon:

Yes

No

1.2 Please state whether you have a sub-specialty interest:

Yes

No

a) If yes, please state the sub-specialty organisations of which you are a member:

b) Please state the number of PAs, or equivalent time in Private Practice, spent performing your sub-specialty activities during the last year in Private Practice and the NHS:

Sub-specialty	Private Practice	NHS
Arterial conditions		
General surgery		
Venous conditions		
Total:		

1.3 Please provide a breakdown of the number of procedures you performed for the following during the last year in Private Practice and the NHS:

Condition	Private Practice	NHS
Aortic veins:		
Carotid artery disease:		
Hyperhidrosis:		
Lower limb arterial disease:		
Other arterial:		
Sympathectomy:		
Thread veins:		
Varicose veins:		
Total:		

1.4 If you have stated that you perform varicose vein procedures in Private Practice, please provide a breakdown of the number of procedures you performed for the following surgical techniques:

Surgical technique	Number of procedures:
Evtl (or similar)	
Foam sclerotherapy	
Microsclerotherapy	
Vnus (or similar)	
Total:	

1.5 Please state whether you performed any aesthetic procedures in Private Practice: Yes No

If yes, please provide a breakdown of the number of procedures you performed during the last year and the products used:

Aesthetic treatment	Number of procedures	Product used
Botox - face:		
Botox - platysmal bands:		
Fillers - permanent:		
Fillers - semi permanent:		
Fillers - temporary:		
Other:		
Total:		

If other, please provide full details:

1.6 Please state whether you performed any aesthetic procedures in Private Practice: Yes No

If yes, please provide full details.

1.7 Do you anticipate any changes to your activities during the next 12 months? Yes No

If yes, please provide full details.

DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed:	_____	Full name:	_____
Date:	_____ DD / MM / YY _____		

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