Back disorder questionnaire - Applicant

Full name

1. Please state the precise diagnosis, if known.

2. Nature of symptoms:
   a) Please describe your symptoms.

   b) What part of your back is/was affected? If medical term not known, state upper, lower, neck, or base of spine.

   c) Have the symptoms affected any part of your body other than the back?

3. Frequency of symptoms:
   a) When did your symptoms first occur?

   b) When did you last experience any symptoms?

   c) How frequently do symptoms occur? i.e. how many episodes in the last 24 months?

4. Cause and impact of symptoms:
   a) Please advise dates and durations of any time off work due to your back in the last two years.

   b) Please estimate total time off work as a result of your back condition.

   c) Are your symptoms related to any particular activity? Yes ☐ No ☐
   If YES, please give full details.

   d) Does your job place additional strain on your back, e.g. manual work, lifting, bending? Yes ☐ No ☐
   If YES, please give full details.

   e) Have you changed job or adjusted duties or habits in any way because of your back? Yes ☐ No ☐
   If YES, please advise full details.

5. Medical care:
   a). Have you undergone any investigations such as X-rays, CT scan, MRI, etc? Yes ☐ No ☐
   If YES, please provide full details including the dates and results.

   b) Have you had an operation for this condition or is an operation being considered? Yes ☐ No ☐
   If YES, please provide dates and full details including names of hospital and surgeon and how long after the operation was it before you were able to return to work.

   c) Do you, or did you, require physiotherapy or any form of manipulation or massage? Yes ☐ No ☐
   If YES, please provide full details and dates and advise if still attending.

   d) Do you, or did you, require any form of medication or pain killers? Yes ☐ No ☐
   If YES, please provide names of drugs, dosage and when last taken.

6. Please advise name and address of who you consult regarding your back condition and when you last attended.

7. Please provide any additional information on your condition which you feel may be helpful in processing your application.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.
I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date