

## BACK OR NECK PAIN QUESTIONNAIRE

Name

Application Number

This questionnaire will form part of the application. If you do not understand any question please ask your financial adviser or contact us on 0300 123 3203 and ask for further information.

1. What is the exact diagnosis of your condition if known? (e.g. lumbago, sciatica, slipped disc, low back pain, cervical pain)

2. When did you first experience the symptoms?

3. What brought the symptoms on?

4. Please describe the nature, site and severity of the symptoms (details i.e. lower back, mid back, neck pain etc)

5. On a pain scale of 1 - 10 (1 being mild pain & 10 being the most severe) - how would you describe the pain you have experienced?

6. On a pain scale of 0 - 10 - how would you describe the pain now?

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7. How often do you have symptoms and when did you last have symptoms?

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8. Have you ever seen an osteopath, physiotherapist, orthopaedic surgeon or any other specialist? If yes please confirm which you have seen, when this was, how many times have you seen them and are you still under follow-up.

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9. Have you taken or been advised to undertake any other medication or treatment (e.g surgery)? If yes please provide details including dates.

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10. Do your symptoms affect any other part of the body? If yes which parts are affected?

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11. Have you been off work with this condition? If yes please provide full details including all dates and the duration of time off work.

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12. Have any medical tests been carried out either by your GP or a hospital? If yes what were these tests, when were they carried out and what were the results?

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13. Are any further medical tests planned? If please provide details

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14. Does this condition affect your day to day activities or ability to do your job? If yes please provide details.

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I declare that the answers I have given are, to the best of my knowledge, true.

I understand that failure to answer the above questions truthfully and accurately will very likely mean that a claim will be declined and the policy cancelled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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