

Neck and back pain questionnaire

(by insured life)

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Details of insured life

Name of insured life

Permanent identity/passport number

Date of birth

Financial adviser's name

Broker house code

Permanent identity number

Yes

No

Telephone

Financial adviser code

Telephone

2: General questions

1. When did you first experience neck or back pain?

Event 1

1st symptoms

Last symptoms

Continuous symptoms

Yes

No

2. Was this

*For multiple events, complete all relevant dates

A single event

One of multiple events*

Event 2

1st symptoms

Last symptoms

Continuous symptoms

Yes

No

Event 3

1st symptoms

Last symptoms

Continuous symptoms

Yes

No

Event 4

1st symptoms

Last symptoms

Continuous symptoms

Yes

No

Event 5

1st symptoms

Last symptoms

Continuous symptoms

Yes

No

3. If this was a single event, provide full details:

4. What is or was the cause of the neck or back ailment?

Injury

Illness

Since birth

Other

If "other", provide full details:

5. What is or was the nature of the condition that causes/caused the symptoms?

Fracture

Slipped/Narrowed disk

Muscle injury

Ligament injury

Curvature of the spine (scoliosis)

Arthritis

Other

Provide full details, including dates:

6. Which part of the spinal column is or was affected?

Neck (cervical)

Lower back (lumbar)

Chest (thoracic)

Lumbosacral

Provide full details, including dates:

7. Do you currently experience or do you have a history of any of the following "chronic pain conditions"?

Chronic headache (migraine, tension headache)

Joint pains, other than the back

Muscular pains (fibromyalgia)

Spastic colon syndrome

Other, specify

Provide full details, including dates:

8. Do you suffer from chronic fatigue syndrome (yuppie flu) at present or did you suffer from it in the past?

Yes

No

If "yes", provide full details, including dates:

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2: General questions (continued)

9. Do you have any symptoms of depression or job-related stress at present or have you had them in the past? Yes ☐ No ☐

If "yes", provide full details, including dates:

1st date	2nd date	3rd date
M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y

Continuous Yes ☐ No ☐

10. Do you receive treatment for depression or job-related stress at present or have you received treatment for it in the past? Yes ☐ No ☐

If "yes", provide full details, including dates:

1st date	2nd date	3rd date
M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y

Continuous Yes ☐ No ☐

11. Are you consulting a psychologist or psychiatrist at present or have you done so in the past? Yes ☐ No ☐

If "yes", provide full details, including dates:

12. Have you experienced any functional impairment as a result of this neck and back pain? Yes ☐ No ☐

If "yes", to what degree does it limit your occupational activities at present or did it limit these activities in the past?

13. Have you ever been absent from work as a result of this neck and back problems? Yes ☐ No ☐

If "yes", provide full details, including dates:

14. Have you undergone any of the following special examinations? Yes ☐ No ☐

X-rays	CT scans	MRI scans	Other
M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y
Date of special examinations			
Result of special examinations			
If 'other', provide full detail including results and dates:			

15. What treatment was or is being given?

Physiotherapy	M M Y Y Y Y	Manipulation	M M Y Y Y Y
Fusion	M M Y Y Y Y	Bed rest	M M Y Y Y Y
Traction	M M Y Y Y Y	Medication	M M Y Y Y Y
Other	M M Y Y Y Y		

Provide full details (if medication, state brand name):

16. Are there or have there been any other symptoms or illnesses associated with your ailment? Yes ☐ No ☐

If "yes", provide full details:

17. Provide any further details, including referrals to, consultations with or treatment received from the following medical professionals. (Provide the full names and addresses, as well as the dates.):

Orthopaedic surgeons	Neurosurgeons	Physiotherapists	Chiropractors
Osteopaths	Homeopaths	Other	

If "other", provide full details:

Name

Postal address

Postal code

Date

Name

Postal address

Postal code

Date

18. What is the general condition of your health, especially regarding your neck and back ailment/condition?

2: General questions (continued)

19. Have you in the past received any compensation (for your neck and back injury or symptoms) or do you expect to receive compensation in the near future (e.g. Road Accident Fund, Workmen's Compensation Commissioner, insurance or civil claims, etc.)?

Yes

No

If "yes", provide full details:

3: Declaration by insured life

I declare that all the statements that I have made and details that I have supplied in this form (whether in my own handwriting or not), are complete and true. I also understand and agree that the information that I have supplied, together with the application for life insurance and any other relevant documents, will form the basis of any insurance contract that may come into existence as a result of such application.

Signed at

Signature of insured life

Date

D

D

M

M

Y

Y

Y

Y

No payment for the completion of this form.