

MUSCULOSKELETAL DISORDERS QUESTIONNAIRE

(FROM ATTENDING PHYSICIAN.)

Full name of the Life Assured _____

Prop No. _____

1. Please give the diagnosis and the results of any relevant investigations.

2. Please provide details of the frequency and severity of symptoms and the duration(s) of incapacity including dates and time off work.

3. How has the condition been treated: is future surgery planned?

4. Please give details of current symptoms.

5. Have there been any episodes of associated anxiety or depression? If so, please give details.

Dated at _____ the _____ day of _____ of 200_.

Signature of the attending physician

Sign of the Life Assured

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(Point of sale.)

1. Please give the approximate date when you last experienced problems or symptoms.

2. Have you had an operation for this condition? Please provide date of operation

3. Are you awaiting an operation for this condition?

4. Have you used a walking stick or any other mobility aids within the last 2 years?

5. Are the symptoms of this condition severe enough to restrict your activities in any way?

6. Have you lost any time off work in the last 12 months because of this condition? Please give dates and duration of absences.

7. Have you taken any corticosteroid medication for this condition within the last 2 years?

Gout—additional question

Have you suffered any complications? Eg. Hypertension, kidney problems, arthritis.

Dated at _____ the _____ day of _____ of 200__.

Sign of the witness

Name of the witness: _____

Address of the witness: _____

Signature of the Life Assured.