

Musculoskeletal Disorder Questionnaire

First Name _____
 Application or Policy Number _____

Last Name _____
 Date of Birth _____

Have you ever experienced musculoskeletal pain or discomfort? Yes No
 If yes, please provide details by answering the following questions:

1. Please indicate which joint(s) or areas of the body are/were affected. _____

2. What was the underlying cause (e.g. accident, degeneration, recreational or sporting injury, etc.)? _____

3. Date you first experienced symptoms _____
4. Please describe your symptoms _____

5. Frequency of symptoms _____
6. Date of your last symptoms _____
7. Was this musculoskeletal pain or discomfort a first-time occurrence or have you experienced it in the past? Please describe. _____

8. Please indicate which of the following apply to your condition, and provide us with further details:

Tests/Treatments

Details (dates, duration and results)

- Name of medication _____
- X-rays _____
- CAT scan _____
- MRI _____
- Physiotherapy _____
- Chirotherapy _____
- Massage therapy _____
- Acupuncture _____
- Surgery _____
- Other: _____

9. Was any hospitalization required for your musculoskeletal condition? Yes No
 If yes, dates and duration _____
10. Was any time off work required due to your musculoskeletal pain or discomfort? Yes No
 If yes, dates and duration _____
11. Do you have any pending consultation, treatment or surgery? Yes No
 If yes, please provide details (date, treatment, name of attending physician). _____
12. Do you currently have any musculoskeletal restrictions in your movements? Yes No
 If yes, please provide details. _____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of the person to be insured (parent or legal guardian if a minor) _____

Date _____