

PRODUCER NAME: _____

Joint/Musculoskeletal Questionnaire

1 Which joint(s) or area(s) of the body is/are affected?

Left Right

2 What is/was the exact nature of the disorder including symptoms?

3 What is/was the cause of the condition?

4 When did you first experience symptoms? (DD/MM/YYYY)

5 What was the date of your last symptoms? (DD/MM/YYYY)

6 Have you had an x-ray, scan or other test?

Yes Please provide details

No

7 What treatment have you had?

Medication Surgery Physiotherapy

Other—please provide details

8 Have you made a complete recovery?

Yes How long have you been free of all symptoms?

Please go to question 12

No

9 What are your current symptoms?

10 How often do you experience symptoms?

11 Does this condition cause any restriction in your daily activities?

Yes Please provide details

No

12 Have you taken time off work?

Yes Please advise when and how long you were off work?

No

Please provide any additional medical, medicine, or valuable information to assist in underwriting: