Print Reset

BACK PAIN QUESTIONNAIRE

NAME _____ **FILE** _____

1. Have you ever had pain or discomfort in your back or neck? ❒ Yes ❒ No

   How many times? _____

   Date of first episode _____ Date of last episode _____

   Longest duration of discomfort? _____

   Type of treatment received & date of last treatment? _____

   Do you require ongoing treatment? _____

2. In which area of your back have you experienced pain or discomfort?

   ❒ Neck (cervical) ❒ Middle (thoracic) ❒ Low (lumbosacral)

3. Does pain travel to other areas of body? ❒ Yes ❒ No

   If **Yes**, Where? _____

4. What was the cause? _____

   Was it work related? ❒ Yes ❒ No

   Provide details: _____

   Treatment: _____

5. Have you:

   Undergone any x-rays or other investigation for your back? ❒ Yes ❒ No

   Ever had or been advised to have surgery to your back? ❒ Yes ❒ No

   Ever been hospitalized for any back or neck complaints? ❒ Yes ❒ No

   Ever been disabled or unable to work because of back discomfort? ❒ Yes ❒ No

6. If any of above questions are answered **Yes**, please provide details below:

   Details of **Yes** answer: _____

   _____

Date(s): _____

Duration of time off: _____

Name of physician and/or Chiropractor: _____

Address: _____

DECLARATION:
I declare that the answers and statements to the above questions are complete and true to the best of my knowledge and belief. I understand they will form part of my application for insurance on my life.

I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) the Company may void this policy.

Date _____ Signature of Proposed Insured _____

PLEASE RETURN FORM TO:
The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, TEL: 1-888-997-9965, FAX: 1-888-985-3872