

BACK/ JOINT QUESTIONNAIRE

1. INSURED'S NAME _____ APPLICATION NUMBER _____
2. LOCATION OF INJURY? _____
(back, knee, left, right, etc?)
3. WHAT WAS DOCTOR'S DIAGNOSIS? _____
(IE: strain, sprain, muscle pull, pinched nerve, ruptured disc, etc?)
4. DATE OF INJURY _____
5. HOW LONG OFF WORK? _____
6. HOSPITALIZED? _____ DATE? _____ DURATION? _____
NAME OF HOSPITAL? _____
7. ANY SURGERY? _____ DATE? _____
8. ANY PAIN, PROBLEMS OR MEDICATION SINCE THEN? _____
IF YES, DATE & EXPLANATION? _____

9. NAME/ ADDRESS OF DOCTOR WITH MOST RECENT RECORDS OF INJURY? _____

10. ARE YOU CURRENTLY DISABLED DUE TO THIS INJURY? _____
11. HAVE YOU EVER BEEN DISABLED DUE TO THIS INJURY? _____
IF YES, PLEASE GIVE DETAILS AND DATES: _____
- (FOR BACKS ONLY:)
12. ARE YOU TREATED BY A CHIROPRACTOR? _____ LAST SEEN? _____
NAME/ ADDRESS? _____

X _____ DATE _____
Proposed Insured's Signature

X _____
(Agent's Signature)

