

BACK/NECK PAIN QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Date of Birth _____ Policy No.: _____
(dd/mm/yyyy)

Have you ever had, been tested for, treated for, counselled for, had any known indication of, or been told that you had back, neck or spinal discomfort including pain, strain, sciatica or degenerative disc disease? Yes No

1. What area was involved? Neck Middle (dorsal or thoracic) Low (lumbar or lumbosacral)
 Other: _____

2. a) How many episodes? _____ b) Date of first episode? _____
 c) Date of last episode? _____ c) Longest duration of episode? _____

3. Did or does the pain extend to other areas of your body? Describe

4. a) Have you undergone any X-rays or other investigations? Yes No
 b) Have you ever had or been advised to have treatment or surgery? Yes No
 c) Have you ever been hospitalized for any back complaint? Yes No
 d) Have you ever been disabled or unable to work because of discomfort? Yes No
 e) Have you any restriction of movement of your back? Yes No
 f) Has this discomfort ever affected or prevented you from performing any duties of you job? Yes No
 g) Are you currently taking any medication or have you been prescribed medication? Yes No
 If "yes", to any of the above, please give details:

5. How long have you been free of symptoms? _____
 6. Did you ever or do you currently receive regular chiropractic, massage or other therapy or maintenance? Yes No
 If "yes", please give details:

7. Name and address of all health practitioners consulted, including dates:

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured