



BACK DISORDERS QUESTIONNAIRE

Name:

Proposal No.:

Please answer all questions in this questionnaire providing full details. Once you have completed all the questions and read the declaration please sign and date where applicable.

1. Please state the precise diagnosis, if known (e.g. lower back pain, slipped disc, sciatica, etc.)?

2. When did you *first* experience symptoms?

3. Please advise the cause of your back pain (e.g. sports-related, work-related, fall, car accident, congenital problem, etc.).

4. How frequently do symptoms occur? How many episodes in the last 24 months?

5. When did you *last* experience symptoms?

6. Have you undergone any investigations such as X-rays, CT scan, MRI, etc.? Yes ☐ No ☐

If 'Yes', please provide full details including the dates and results.

7. Please provide details of your treatment (e.g. medication, physiotherapy, etc.).

8. Have you had an operation for this condition or is an operation being considered? Yes ☐ No ☐

If 'Yes', please provide dates and details of surgeon and hospital.

9. Have the symptoms involved absence from work? Yes ☐ No ☐ If 'Yes', please provide details of absences in the last 4 years.

10. Are your daily activities restricted in any way by this condition? Yes ☐ No ☐ If 'Yes', please provide details.

11. Please advise the name and address of all specialists attended.

12. Please provide any other information about this condition that you think would be helpful to us in processing your application

I declare that:

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

Signed:

Date:

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