

MUSCULOSKELETAL DISORDERS QUESTIONNAIRE – ATTENDING PHYSICIAN

Proposal No. :

Branch Code :

1	Please give the diagnosis and the results of any relevant investigations.	
2	Please provide details of the frequency and severity of symptoms and the duration(s) of incapacity including dates and time off work.	
3	How has the condition been treated; is future surgery planned?	
4	Please give details of current symptoms.	
5	Have there been any episodes of associated anxiety depression? If so, please give details.	

Signature of the Applicant

Signature of the Physician

Name of the Applicant :

Name of the Attending
Physician with Seal :

Date :

MUSCULOSKELETAL DISORDERS QUESTIONNAIRE – POINT OF SALE

Proposal No. :

Branch Code :

1	What was the precise diagnosis of your condition, or what surgical procedure or investigation did you undergo?	
2	Please give the approximate date when you last experienced problems or symptoms.	
3	Have you had an operation for this condition? Please provide date of last operation.	
4	Are you awaiting an operation for this condition?	
5	Have you used a walking stick or any other mobility aids within the last 2 years?	
6	Are the symptoms of this condition severe enough to restrict your activities in any way?	
7	Have you lost any time off work in the last 12 months because of this condition? Please give dates and duration of absences.	
8	Have you taken any corticosteroid medication for this condition within the last 2 years?	
Gout – additional question :		
9	Have you suffered any complications? eg. Hypertension, kidney problems, arthritis	

Witness :

Signature of Agent

Signature of Applicant

Name of the Agent :

Name of the Applicant :

Code Number :