



NECK AND BACK PAIN QUESTIONNAIRE

**TO BE
 COMPLETED BY
 PROPOSED
 INSURED**

**PLEASE ANSWER
 ALL QUESTIONS**

Name:		Birthdate: (Day/Month/Year)	
Date of onset of neck and/or back pain:		Please specify Day/Month/Year:	
In what area do you experience pain?		Please specify:	
Do you experience pain in your arms or legs?		Please specify:	
Do you experience any numbness or tingling in your fingers or toes?		Please specify:	
What will cause pain to start?		Please specify:	
What is the frequency and severity of your pain?		Please specify:	
Are you limited in any way due to pain? <input type="checkbox"/> no		<input type="checkbox"/> yes, please specify:	
Have you missed any time from work because of neck and/or back pain? <input type="checkbox"/> no		<input type="checkbox"/> yes, please specify:	
Have you previously received treatment for back pain? <input type="checkbox"/> no		<input type="checkbox"/> yes, please specify:	
Have you ever injured your back? <input type="checkbox"/> no		<input type="checkbox"/> yes, please specify:	
Which position is most comfortable? Sitting, Standing, Lying?		Please specify:	
Please provide name(s) of health care practitioner(s) consulted, dates, diagnosis(es) and treatment(s)			

I understand that my answers to this questionnaire are material to my application for insurance and will be relied upon by Sutton Special Risk Inc. in determining my insurability.

I understand that any material misstatement in this questionnaire, or elsewhere in my application for insurance, will permit Sutton Special Risk Inc. to decline my application or rescind the policy.

I declare that the above answers are complete and true, and shall form part of my application to Sutton Special Risk Inc.

Signature of Proposed Insured

Date

Witness