Manulife | Chinabank

LIFE ASSURANCE CORPORATION

Back/ Neck Disorder Questionnaire

For Completion by the Attending Physician.

Name of Applicant: _____ **Date of Birth:** _____

1. Please provide details of:

Date patient first consulted with symptoms
How long had symptoms been present?
What was the cause?

2. Area of spine affected? (cervical spine, thoracic spine or lumbo-sacral spine)

3. Please provide the diagnosis and the results of any relevant investigations.

4. Frequency, nature and severity of symptoms including dates:

Duration of symptoms together with details of any loss of work time and/or inability to perform normal day to day activities.

5. How has the condition been treated? (Please include the names of any other treating practitioners)

6. Is treatment continuing? ☐ **Yes** ☐ **No**

7. Does the patient currently experience symptoms?

If "yes" please provide details of symptoms experienced

If "no" how long has the patient been symptom free?

Is the patient now able to perform his/her normal day to day activities without restriction?

☐ **Yes** ☐ **No**

If "no", please provide details

_____ _____

Signature of Attending Physician **Date**