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## Musculoskeletal Questionnaire

### 1.0 Life assured's details

Title Mr  Mrs  Miss  Other

First name

Middle name(s)

Surname

Gender Male  Female

Date of birth

### 2.0 Personal statement

a) What is the condition? (e.g. arthritis, fracture, dislocation, soft tissue injury, bone injury, bone disorder etc)

b) Which part of the body and which side of the body is affected? (e.g. right arm, left knee etc)

c) When were you first diagnosed with this condition or when did the injury occur?

Date

d) What tests or investigations have you undergone for this condition and what were the results?

e) Give details of your specialist where applicable.

  

f) What treatment or medication have you most recently been prescribed for this condition?

g) Do you currently have metalware in place? If yes, is this in place permanently?

Yes  No  Yes and permanent

h) If you no longer require treatment or medication for this condition when did you stop?

Date

i) If you do not always follow the prescribed treatment or take the medication as prescribed please explain.

j) Provide details of any time off work required as a result of this condition.


k) How frequently do you experience symptoms and what are those symptoms?


l) When did you last experience those symptoms?

Date

m) Describe any long-term or permanent disability you suffer from as a result of this condition.


n) If you have been hospitalised for this condition please give date, reason and outcome.

Date  Hospital

Reason	Outcome

o) If you are considering or have been advised to undergo any further tests or investigations for this condition please give details.


### 3.0 Declaration

I/we declare and agree that the information provided in this Musculoskeletal Questionnaire, whether in my/our handwriting or not, is true and complete and I/we have not withheld or misstated any material fact.

Life assured to acknowledge the above declaration.

Signature of life assured

Date