

BACK AND NECK QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____
 Name of insured _____

2. Duration and severity

2.1 When did you have back/neck pain for the first time?

D	D	M	M	Y	Y	Y	Y
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2.2 What was the diagnosis of the pain? _____

2.3 What activity brings on the pain? _____

2.4 How frequently has it occurred? _____

2.5 What was the approximate duration of each attack? _____

2.6 When was the last occurrence of back/neck pain?

D	D	M	M	Y	Y	Y	Y
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2.7 a. In which particular area of your back (or spine) was the pain experienced? Neck Lower back Middle back

b. Did it radiate to the legs or arms? YES NO

If YES, supply details _____

2.8 Have you ever been incapacitated by pain to the extent that you have been unable to perform your usual occupation? If YES: YES NO

a. How often? _____

b. For how long in each instance? _____

c. When last?

D	D	M	M	Y	Y	Y	Y
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d. Have you ever changed your occupation due to back problems? YES NO

If YES, supply details _____

2.9 Did the treatment include any of the following? Mark (X) where applicable below and start date(s)

a. Tablets

D	D	M	M	Y	Y	Y	Y
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 What tablets? _____

b. Surgery

D	D	M	M	Y	Y	Y	Y
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 What surgery? _____

c. Traction

D	D	M	M	Y	Y	Y	Y
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d. Chiropractic

D	D	M	M	Y	Y	Y	Y
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e. Physiotherapy

D	D	M	M	Y	Y	Y	Y
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f. Bed rest

D	D	M	M	Y	Y	Y	Y
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g. Brace or collar

D	D	M	M	Y	Y	Y	Y
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h. Acupuncture

D	D	M	M	Y	Y	Y	Y
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Are you still receiving treatment? YES NO

If YES, what treatment? _____

Initials

2.10 Give name(s) of doctor(s) or other practitioner(s) consulted for back pain and date(s) of consultation(s)

2.11 What investigations, if any, have been carried out (e.g. x-rays, MRI)? If reports are available, please supply us with copies.

2.12 In which sport(s) do you actively participate at present?

3. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

Please take note of the following important disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identify (and in many cases the identities of related persons, such as but not limited to directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
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