Back and neck pain questionnaire
Zurich FutureWise, Zurich Active and Zurich Sumo

This statement should be completed by the person to be insured.

1 Details of person to be insured

Application or policy number: ____________________________
Title: ____________________________ Full given name(s): ____________________________
Surname: ____________________________ Date of birth: ____________________________

2 Back and neck pain questionnaire

A. When did you first experience symptoms of back or neck pain? ____________________________
B. Please describe your symptoms

C. What area of the back was affected?
   [ ] neck (cervical spine) [ ] upper back (thoracic spine) [ ] lower back (lumbosacral spine) [ ] whole back

D. What was the cause?
   [ ] accident/injury [ ] congenital (born with) [ ] disease (arthritis, osteoporosis, etc) [ ] other
   Please provide details about the cause of this condition

E. What was your doctors’ diagnosis of your condition? (eg prolapsed disc, ankylosing spondylitis, scoliosis, arthritis, muscle spasm, fracture, etc)

F. How was this treated?
   [ ] physio/chirotherapy [ ] ice/heat packs [ ] medication [ ] surgery
   [ ] other, please specify: ____________________________

G. Have you undergone any x-ray, CT scan or any other investigations?
   [ ] No  [ ] go to H  [ ] Yes, provide full details about type of investigations and results thereof

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H. When did you last experience any symptoms of back/neck pain?
   - ☐ within the last 2 years
   - ☐ 2–5 years ago
   - ☐ 5–10 years ago
   - ☐ More than 10 years ago

I. How many episodes of back pain have you experienced?
   - ☐ Single episode only – how long did the symptoms last?
   - ☐ 2 or more episodes

J. How many days off work have you had as a result of this condition?
   - ☐ no time off work
   - ☐ 1–3 days
   - ☐ 4–7 days
   - ☐ More than 7 days

K. Have your daily activities or working duties ever been affected or restricted in any way, eg restricted ability to drive, lift, carry objects, bend or sit for prolonged periods?
   - ☐ No ► go to L
   - ☐ Yes, please provide full details including dates and durations

L. Do you currently have any symptoms, or are you currently under investigation, or are you awaiting investigation, an operation or any other treatment?
   - ☐ No ► go to M
   - ☐ Yes, please provide details including dates and durations

M. Is any form of treatment (including ongoing manipulation, exercise or massage for maintenance) continuing?
   - ☐ Yes ► go to N
   - ☐ No, when did you last receive treatment for this condition?

N. Do you have any other information you think may be of value in reviewing this application including the name and address of medical practitioners attended?
   - ☐ No ► go to section 3
   - ☐ Yes, please give details

3 Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance. I further declare that there has not been any change in my health, occupation or pastimes since completing my application for insurance. Any changes in my personal circumstances are disclosed below.

Signature of life insured

Date:

Full given name(s):

Surname:

Please return all relevant forms by mail to Zurich Australia Limited, GPO Box 5216, Brisbane QLD 4001, by email life.insurance@zurich.com.au or by fax 1800 812 175