

BACK/NECK PAIN QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Date of Birth _____ Policy No.: _____
(dd/mmm/yyyy)

Have you ever had, been tested for, treated for, counselled for, had any known indication of, or been told that you had back, neck or spinal discomfort including pain, strain, sciatica or degenerative disc disease? Yes No

1. What area was involved? Neck Middle (dorsal or thoracic) Low (lumbar or lumbosacral)
 Other: _____

2. a) How many episodes? _____ b) Date of first episode? _____
 c) Date of last episode? _____ d) Longest duration of episode? _____

3. Did or does the pain extend to other areas of your body? Describe

4. a) Have you undergone any X-rays or other investigations? Yes No
 b) Have you ever had or been advised to have treatment or surgery? Yes No
 c) Have you ever been hospitalized for any back complaint? Yes No
 d) Have you ever been disabled or unable to work because of discomfort? Yes No
 e) Have you any restriction of movement of your back? Yes No
 f) Has this discomfort ever affected or prevented you from performing any duties of your job? Yes No
 g) Are you currently taking any medication or have you been prescribed medication? Yes No

If "yes", to any of the above, please give details:

5. How long have you been free of symptoms? _____

6. Did you ever or do you currently receive regular chiropractic, massage or other therapy or maintenance? Yes No
 If "yes", please give details:

7. Name and address of all health practitioners consulted, including dates:

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X