



Musculoskeletal Conditions Questionnaire

Policy number:
Customer name:



Please complete all sections of this questionnaire. If a question does not apply to you, write "N/A" where appropriate. Please provide dates and details where known.

Name of condition

What area of the body / joints are involved?

(please tick all that apply)

Joint	Left	Right
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Hand/Fingers	☐	☐
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐
Foot/Toes	☐	☐

Spine

(please tick all that apply)

Neck (Cervical spine)	☐
Mid-back (Thoracic spine)	☐
Lower back (Lumbar spine)	☐
Other:	

Please complete one row for each condition selected above

(Include dates where known)

Condition	Date of first symptoms	Number of occurrences	Date of last symptoms

How much time have you taken off work because of this condition?

☐

None

☐

< 1 week

☐

1–2 weeks

☐

3–4 weeks

☐

> 4 weeks

☐

Currently off work

Have you had, been advised to have, or are you considering surgery for any of these conditions?

☐

Yes

☐

No

If yes, please provide full details below:

For each condition, please provide details of any treatment or medication received in the last 3 years.

Condition	Treatment or medication name	Start date	End date
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Are you considering seeing a specialist, or have you been advised to see one, for any of these conditions?

☐

Yes

☐

No

If yes, please provide full details below:

Declaration

I declare that I have read and carefully considered the questions in this document and that all the responses are true and correct. I agree that this questionnaire will form part of my application for insurance. All information collected by PPS Mutual will be handled in accordance with the consent provided as part of my application and PPS's privacy policy available at ppsmutual.co.nz/privacy.

Customer signature:

Date:

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