



# Diversified Marketing Group, Inc. BACK DISORDER QUESTIONNAIRE

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Proposed Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F  
Tobacco Use:  Yes  No Amount: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. In. Weight: \_\_\_\_\_  
Broker's Name: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
BGA: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Proposed Insured please answer the following:

1. When did you first notice back discomfort?
2. How often does the pain occur?
3. Where is the pain located?
4. Where does the pain extend to?
5. How long does the pain last?
6. What causes the pain?
7. Are you limited in any way due to your pain?  No  Yes, Details:
8. Have you ever missed work due to the back pain?  No  Yes, Details:
9. What was the actual diagnosis?
10. Are you on any medication(s)?  No  Yes, Name(s) and dosage(s):
11. Date you last consulted your physician: \_\_\_\_\_
12. Have you seen a chiropractor along with your regular physician?  No  Yes  
Name(s) and Address(es): \_\_\_\_\_
13. Name and address of your physician(s): \_\_\_\_\_

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Underwriter's Notes:

Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_