

Spinal Cord Injury Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

Essential Information

1	List Date of Injury				
2	At what spinal cord level was the injury? <i>(list specific vertebrae if available)</i>	<input type="checkbox"/> Cervical spine			
		<input type="checkbox"/> Thoracic spine			
		<input type="checkbox"/> Lumbrosacral spine			
3	Note current level of function:	<input type="checkbox"/> Incomplete paraplegia		<input type="checkbox"/> Incomplete quadriplegia	
		<input type="checkbox"/> Complete paraplegia		<input type="checkbox"/> Complete quadriplegia	
4	Have any of the following occurred – <i>check all that apply</i>	<input type="checkbox"/> Pneumonia		<input type="checkbox"/> Skin Ulcers	
		<input type="checkbox"/> Depression		<input type="checkbox"/> Kidney Infection	
		<input type="checkbox"/> Urinary Tract Infection			
5	List current medications (accurate name, dosage and reason)				
6	Does the client have any other health issues	<input type="checkbox"/> Yes	If yes provide details:		
		<input type="checkbox"/> No			