

SKÝRSLA UM BAKVANDAMÁL; BACK DISORDERS QUESTIONNAIRE

LÆKNIR SVARAR; To be completed by the medical attendant.

NAFN TRYGGÐA: Full name of life proposed

1. GREINING OG RANNSÓKNIR; Please give the diagnosis and the results of any relevant investigations.
2. LÝSING EINKENNA OG FJARVISTIR: Please provide details of the frequency and severity of symptoms and the duration(s) of incapacity including dates and time off work.
3. MEÐFERÐ OG AÐGERÐIR; How has the condition been treated; is future surgery planned?
4. NÚVERANDI EINKENNI; Does the proposer currently experience any symptoms?
5. TENGDIR GEÐRÆNIR KVILLAR; Have there been any episodes of associated anxiety or depression?

UNDIRRITUN DAGS.

Signed _____ Date _____