



Viva Health Inc. Follow-up Questionnaire
Diagnosis: Knee and/or Hip Disorder

Employee Name: _____ Group Name: _____
Proposed Insured: _____ D.O.B. _____

1. Have you ever had any type of knee or hip disorder or episodes of pain?
2. Please list the areas affected, diagnosis and treatments taken.
3. Was it necessary to be hospitalized? *If so, for how long?*
4. Has your physician recommended that you receive any other type of treatment?
5. Has your knee and/or hip disorder caused you to miss work or be disabled?
6. Please provide the name, address, and phone number of your attending physician.
7. Are you currently taking any type of medication associated with this disorder? *If so, please list the medication and dosage.*
8. Would you say your recovery is ____ partial, ____ full?

I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.

Date: _____ **Signature of proposed insured:** _____