



**Viva Health Inc. Health Questionnaire
Followup: Multiple Sclerosis**

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

1. When were you diagnosed with multiple sclerosis? What part of the body has been affected?
2. When was your last attack? How often do you have attacks?
3. Have you ever been hospitalized? If so, when and for how long?
4. Are attacks becoming more frequent or prolonged? Frequent___ Prolonged___
5. What treatment was prescribed? Was any type of treatment, surgery, or further tests recommended? If so, please provide full details.
6. Are you receiving any physical therapy? Please describe the treatment, and number of visits required.
7. Do you regularly take medication? Yes___ No___ If yes, please list the name and dosage.
8. Please provide the name, address, and phone number of the attending physician.
9. Do you smoke or have you smoked? If yes, how much? (include packs per day and number of years)

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:_____