



**VIVA Health Inc. Health Questionnaire
Diagnosis: Carpal Tunnel Syndrome**

Employee_____

Group Name:_____

Proposed Insured_____

D.O.B._____

1. When were you first diagnosed with Carpal Tunnel Syndrome?
2. Are you currently taking any medications? *If yes, please indicate prescription taken, and the dosage.*
3. Have you been advised to seek any additional treatment, or advised to have surgery?
4. In which extremity are you experiencing symptoms____ left, ____right, ____both?
5. Would you say that your symptoms are ____ getting worse, ____ getting better, ____ staying the same?
6. Please check below the symptoms you are currently experiencing.
 Pain Tingling
 Weakness Tenderness
 Burning
7. List any other details.

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:_____