

# Musculoskeletal disorders questionnaire – Physician

Full name of applicant:

Application number:

1. What was the diagnosis of the musculoskeletal disorder suffered by your patient?

2. Which joints or other parts of the body were affected?

3. What was the cause of this problem?

4. When did the condition first occur?

5. Is the patient now fully recovered? Yes  No   
If YES, please advise since when.

If No, please provide full details of residual symptoms.

6. Has there been more than one episode? Yes  No   
If YES, please comment on date and duration of each episode.

7. Please provide details of any time off work as a result of this condition.

8. Please comment on any aspect of your patient's occupation which may exacerbate the condition.

9. Was surgery required, or is surgery planned? Yes  No   
If YES, please provide details of operation, dates and where the operation was/is to be carried out.

10. What other treatment was provided? e.g. anti-inflammatory drugs, pain killers, physiotherapy, etc.

11. Is the condition localised, or could it be an indication of a more systemic problem?

Signature

Date

Please print name and add clinic stamp