



# ARTHRITIS QUESTIONNAIRE (Complete all questions)

Name of primary applicant: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

Name of person treated/relationship to applicant: \_\_\_\_\_

1. Type of arthritis:  Rheumatoid  Osteoarthritis  Other (please explain)  
\_\_\_\_\_

2. Age at time of diagnosis or first symptoms? \_\_\_\_\_ Symptoms at time of diagnosis: \_\_\_\_\_  
\_\_\_\_\_

What are your symptoms now? \_\_\_\_\_

3. Which joints have arthritis? \_\_\_\_\_ Any deformity of joints?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Any work loss or restriction of activities?  Yes  No. If yes, provide details:  
\_\_\_\_\_

5. Do you require the use of cane, crutches or a wheelchair to move about?  Yes  No  
\_\_\_\_\_

6. Have you used any type of steroids, methotrexate or gold injections?  Yes  No  
If yes, give dates and type of treatment: \_\_\_\_\_

List your medication(s):

Name of Medication:	Dosage:	Frequency (ie., daily, as needed)
_____	_____	_____
_____	_____	_____

7. Have you ever been hospitalized for arthritis or any related conditions?  Yes  No. If yes, provide complete details regarding dates of hospitalization(s), duration of stay and treatment received?  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you had or been advised to have surgery for arthritis?  Yes  No. If yes, advise type of surgery and joints involved:  
\_\_\_\_\_  
\_\_\_\_\_

9. Name and address of treating physician: \_\_\_\_\_  
Date last seen: \_\_\_\_\_

10. What is your current height? \_\_\_\_\_ and weight? \_\_\_\_\_

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand that the insurer will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18) \_\_\_\_\_

\_\_\_\_\_ Date

Anthem Blue Cross and Blue Shield is the trade name of In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Ohio: Community Insurance Company. In Missouri: RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Wisconsin: Blue Cross and Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies. An independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.