Anthem

COLITIS/IRRITABLE BOWEL SYNDROME QUESTIONNAIRE
(Complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated/relationship to applicant: _____

1. Was diagnosis of condition Ulcerative colitis, Spastic colon, Diverticulosis or Diverticulitis ? ___ Yes ___ No
   (If yes, which condition?) _____
   (If no, explain exact diagnosis: _____
   What was the cause? _____

2. Date of first episode? _____ Date last treated? _____ # episodes in last year? _____

3. How many attacks/episodes/flare ups have you had since the initial diagnosis? _____
   Date of last attack/episode/flare up? _____

   (Circle the most accurate description for each column below:)

Attack Duration	Attack Frequency	Weight Loss	Abdominal Pain and attack
Up to 4 weeks	1 per year	None	Mild
4-6 weeks	2 per year	10 lbs. or less	Moderate
over 6 weeks	3 per year	over 10 lbs.	Extreme

4. Have you had any of the following test:
   __ Blood Test Date: _____ ___ Barium Enema Date: _____
   __ Colonscopy Date: _____ ___ Sigmoidoscopy Date: _____
   __ Pathology/Biopsy Date: _____

5. Have you been hospitalized or had surgery for this or any other related condition: ___ Yes ___ No.
   If yes, what type of surgery? _____ Date(s): _____
   Details: _____
   _____

6. Are you on a special diet or do you use regular medication for this condition? ___ Yes ___ No

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

7. Have you ever taken or been advised to take any type of steroids (oral/suppositories) or azulfidine/sulfasalazine
   ___ Yes ___ No. If yes, give name of medications and dates taken: _____
   _____

8. What is your current height? _____ and weight? _____

9. Name and address of treating physician: _____
   _____

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

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