

**MIGRAINE QUESTIONNAIRE**  
(complete all questions)

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

Name of person treated: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

1. Date of diagnosis or first symptoms: \_\_\_\_\_

2. Frequency of headaches: \_\_\_\_\_ # per week \_\_\_\_\_ # per month

3. Are headaches mild, moderate or severe? \_\_\_\_\_

Date of last headache? \_\_\_\_\_

Name and address of treating physician: \_\_\_\_\_

4. Any work loss or restricted activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

5. Are you taking medication for this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Frequency (i.e., daily, as needed)**

\_\_\_\_\_

\_\_\_\_\_

6. How often do you see the doctor for this condition? \_\_\_\_\_

7. Results and dates of any special test/studies:

Dates	Name of test/study & results
_____	_____
_____	_____
_____	_____

8. Are the headaches caused by eyestrain, sinus infection, hypertension, brain tumor, aneurysm, trauma, acute febrile illness or temporal arteritis: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date