

**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):

<b>Name of Medication:</b>	<b>Dosage:</b>	<b>Frequency (ie., daily, as needed)</b>
_____	_____	_____
_____	_____	_____

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

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