

SPINAL QUESTIONNAIRE
(complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Have you ever had pain in your back, neck or shoulder? Yes ___ No ___ If yes, complete the following:
 - a. How many times: _____
 - b. Date of first episode: _____
 - c. Date of last episode: _____

2. What area(s) involved? (circle appropriate areas)
Neck (cervical) Middle (thoracic) Low (lumbosacral)
 - a. Does the pain radiate? Yes ___ No ___ If yes, where? _____
 - b. Give definitive diagnosis, if known _____

3. Is this a disc disorder? Yes _____ No _____ If yes, indicate type:
_____ Herniation _____ Rupture _____ Protrusion

4. Was this the result of an injury? Yes _____ No _____ If yes, provide details _____

5. Have you ever been diagnosed with Scoliosis? Yes _ No ___ If yes, degree of curvature _____

6. Due to back pain, do you take prescription medication? Yes _____ No ___ If yes, provide the following:
Name of Medication **Dosage:** **Frequency/Date last taken:**

- a. Have you ever had or been advised to have surgery/or spinal fusion? Yes _____ No _____
If yes, provide details: _____
- b. Have you ever had or now have chiropractic treatment or physical therapy for your back?
Yes ___ No ___ If yes, how often? _____ Date last seen? _____
- c. Have you ever had loss of time at work or restriction of activities? Yes _____ No _____
If yes, how long were you off work? _____
When did you return to work? _____

7. What is the current status of your back, neck or shoulder pain? _____

8. Name and address of treating physician: _____

9. What is your current height _____ Weight? _____

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

In Indiana, Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. In Kentucky, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. In Ohio, Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensees of the Blue Cross and Blue Shield Association.

®Registered marks Blue Cross and Blue Shield Association.