

**THYROID QUESTIONNAIRE
(COMPLETE ALL QUESTIONS)**

Name of primary applicant: _____ ID/SSN: _____

Name of person treated/relationship to applicant: _____

1. Date of first symptoms or diagnosis? _____

2. What was the original diagnosis (hypothyroid, hyperthyroid, goiter, other)? Please specify: _____

3. Give details of past and current treatment: _____

4. Ever had or been advised to have surgery? Yes No

If yes, give details: _____

5. Any prescription medications taken for this condition? Yes No

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

6. Name and address of treating physician: _____

7. Date of last office visit and laboratory studies? _____

Was the last thyroid level within range? Yes No If no, please indicate results of last thyroid level and date: _____

8. 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 that the insurer 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.