



FIBROMYALGIA QUESTIONNAIRE (Complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Age at time of diagnosis or first symptoms? _____ Symptoms at time of diagnosis: _____

What are your symptoms now? _____

Date of last symptoms? _____

2. Affected muscles/areas? _____

3. Any work loss or restriction of activities? Yes No If yes, provide details: _____

Have you applied for disability? Yes No If yes, provide details: _____

4. Do you require the use of cane, crutches or a wheelchair to move about? Yes No

5. List your medication(s):

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

6. Have you ever been treated for depression? Yes No If yes, provide details including dates and medications: _____

7. Details of physical therapy and/or pain management including dates of past and current treatment: _____

8. Have you ever been hospitalized for fibromyalgia or any related conditions? Yes No. If yes, provide complete details regarding dates of hospitalization(s), duration of stay and treatment received?

9. Have you had or been advised to have surgery for fibromyalgia? Yes No. If yes, advise type of surgery: _____

10. Name and address of treating physician: _____
Date last seen: _____

11. 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 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

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