

**KIDNEY/URINARY DISORDER QUESTIONNAIRE**  
**(complete all questions)**

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

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

1. What kind of kidney/urinary disorder did you have? Bladder infection, reflux, cystitis, kidney stones, nephritis, prostate trouble or other? \_\_\_\_\_  
\_\_\_\_\_

2. When did you first have symptoms? \_\_\_\_\_

3. When did you last have symptoms? \_\_\_\_\_

4. How many occurrences have you had? \_\_\_\_\_

5. Name and address of hospital and treating physician? \_\_\_\_\_  
\_\_\_\_\_

6. Any surgery? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type? \_\_\_\_\_ Date? \_\_\_\_\_

Details: \_\_\_\_\_

7. Name and address of hospital? \_\_\_\_\_  
\_\_\_\_\_

8. Do you now have, or have you ever had any heart trouble or high blood pressure?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide dates and details): \_\_\_\_\_  
\_\_\_\_\_

9. What special studies have you had? (Provide dates and results of studies)  
\_\_\_\_\_

10. When was urine last checked? Date: \_\_\_\_\_ Why was it checked? \_\_\_\_\_  
\_\_\_\_\_

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

12. 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