

Arthritis Questionnaire

Addendum to Application for Health Insurance

(Complete all questions. Please contact your physician for assistance if necessary.)

Name of primary applicant: _____ ID/SSN: _____

Form No. _____

Name of person treated: _____ Relationship to applicant: _____

1. Type of arthritis: Rheumatoid Osteoarthritis Other _____

2. Age at time of diagnosis: _____ Symptoms at time of diagnosis: _____

3. Do you have or have you ever had any of the following symptoms? Check all that apply.

- Stiffness Arthralgia (joint pain) Inflammation/swelling of joints
 Crepitus (creaking, popping, grating of joints)

4. Which joints are arthritic? _____

5. Do you have a deformity of any joint? Yes No If yes, please explain: _____

6. Have you lost time at work or have any activity restrictions? Yes No If yes, please explain: _____

7. Do you require the use of a cane, crutches or wheelchair? Yes No If yes, please explain: _____

8. Have you used any type of steroids, methotrexate or gold injections? Yes No If yes, please explain (include dates and types of treatment): _____

9. Are you currently taking any medication for this condition? Yes No If yes, please list:

Name of medication	Amount taken per day	How often per day
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10. Have you ever had any of the following testing done? Check all that apply: X-rays Blood test Bone density study

11. Have you ever been advised to have surgery or a joint replacement related to arthritis? Yes No

If yes, please explain (give dates and type of surgery): _____

12. Have you ever been hospitalized for arthritis or any other related conditions? Yes No

If yes, please give details regarding length of stay and treatment received: _____

13. Name and address of treating physician: _____

14. Please list your current height: _____ weight: _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand American Community will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date