



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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