

**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