



ARTHRITIS QUESTIONNAIRE (Complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated/relationship to applicant: _____

1. Type of arthritis: ___ Rheumatoid ___ Osteoarthritis ___ Other (please explain)

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

What are your symptoms now? _____

3. Which joints have arthritis? _____ Any deformity of joints? ___ Yes ___ No
If yes, please explain: _____

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

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

6. Have you used any type of steroids, methotrexate or gold injections? ___ Yes ___ No
If yes, give dates and type of treatment: _____

List your medication(s):

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

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

8. Have you had or been advised to have surgery for arthritis? ___ Yes ___ No. If yes, advise type of surgery and joints involved:

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

10. What is your current height? _____ and weight? _____

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

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

_____ Date

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