

COLITIS/IRRITABLE BOWEL SYNDROME QUESTIONNAIRE
(complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Was diagnosis of condition Ulcerative Colitis, Spastic Colon, Diverticulosis or Diverticulitis? ___ Yes ___ No
If yes, which condition? _____
If no, provide exact diagnosis: _____
What was the cause? _____

2. Date of first episode? _____ Date last treated? _____ # episodes in last year? _____

3. How many attacks/episodes/flare ups have you had since the initial diagnosis? _____
Date of last attack/episode/flare up? _____

(Circle the most accurate description for each column below:)

Attack Duration	Attack Frequency	Weight Loss	Abdominal Pain and attack
Up to 4 weeks	1 per year	None	Mild
4-6 weeks	2 per year	10 lbs. or less	Moderate
Over 6 weeks	3 per year	Over 10 lbs.	Extreme

4. Have you had any of the following tests:
___ Blood Test Date _____ ___ Barium Enema Date _____
___ Colonoscopy Date _____ ___ Sigmoidoscopy Date _____
___ Pathology/biopsy Date _____

5. Have you been hospitalized or had surgery for this or any other related condition(s)? ___ Yes ___ No
If yes, what type of surgery? _____ Date(s): _____
Please provide details: _____

6. Are you on a special diet or do you use regular medication for this condition? Yes _____ No _____
Name of Medication: _____ **Dosage:** _____ **Frequency (i.e., daily, as needed)** _____

7. Have you ever taken, or been advised to take, any type of steroids (oral/suppositories) or azulfidine/sulfasalazine? ___ Yes ___ No
If yes, give name(s) of medication(s) and date(s) taken: _____

8. What is your current height? _____ Weight? _____

9. Name and address of treating physician: _____

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(continued)**

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