

**DIGESTIVE QUESTIONNAIRE**  
**(complete all questions)**

Name of primary applicant: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

Name of person treated: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

1. Exact diagnosis of condition: \_\_\_\_\_

2. Have you ever been diagnosed or treated for:

- |                                       |                         |
|---------------------------------------|-------------------------|
| ____ Gastroesophageal Reflux (GERD)   | ____ Esophageal Spasm   |
| ____ Esophageal Stricture             | ____ Reflux Esophagitis |
| ____ Esophagitis                      | ____ Hiatal Hernia      |
| ____ Difficult swallowing (Dysphagia) | ____ Heartburn          |

3. Date of first episode? \_\_\_\_\_ # Episodes in last year? \_\_\_\_\_ Date of last episode? \_\_\_\_\_

4. Are you on a special diet or do you use regular medicine for the condition? Yes \_\_\_\_\_ No \_\_\_\_\_

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

5. Have you had any special tests or X-rays? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_

Type of test? \_\_\_\_\_

Results and diagnosis? \_\_\_\_\_

6. Have you been hospitalized or had surgery for this or any other related condition? Yes . No \_\_\_\_\_

If yes, name of hospital: \_\_\_\_\_

Surgery date(s): \_\_\_\_\_ Hospitalization date(s): \_\_\_\_\_

Details of surgery or hospitalization: \_\_\_\_\_

7. What is your current height? \_\_\_\_\_ Weight? \_\_\_\_\_

8. Name and address of treating physician: \_\_\_\_\_

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)  
08/01

\_\_\_\_\_  
Date