

GOUT QUESTIONNAIRE
(complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Date diagnosed or date of first symptoms: _____

2. Number of attacks in the last year? _____

3. Date of last attack? _____

4. Give details of past and current treatment: _____

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

6. Do you have any history of:
Hypertension (high blood pressure) Yes _____ No _____
Kidney disease/Kidney Stones Yes _____ No _____

Explain any "yes" answers and provide date(s) of treatment: _____

7. Name and address of treating physician: _____

8. Date last seen? _____

9. 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 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