

THYROID QUESTIONNAIRE
(complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Date of first symptoms or diagnosis? _____

2. What was the original diagnosis (hypothyroid, hyperthyroid, goiter, other)? Please specify:

3. Give details of past and current treatment: _____

4. Ever had or been advised to have surgery? Yes _____ No _____

If yes, give details: _____

5. Any prescription medications taken for this condition? Yes _____ No _____

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

6. Name and address of treating physician: _____

7. Date of last office visit and laboratory studies? _____

Was the last thyroid level within range? Yes _____ No ____ If no, please indicate results of last thyroid level and date: _____

8. 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)

Date