

**ULCER QUESTIONNAIRE**  
**(complete all questions)**

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

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

1. Please indicate type of ulcer: Gastric \_\_\_\_\_ Duodenal \_\_\_\_\_ Peptic \_\_\_\_\_ Other (specify) \_\_\_\_\_

2. Details of ulcer history:

**First episode**

**Last episode**

Date: \_\_\_\_\_

Duration: \_\_\_\_\_

Location: \_\_\_\_\_

Treatment: \_\_\_\_\_

Number of episodes/flare-ups in the last 4 years? \_\_\_\_\_ Is ulcer now present? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever had any complications (such as anemia, vomiting blood, blood in stool, perforation, other)?  
Yes \_\_\_ No \_\_\_ If yes, provide date(s) of incident and details: \_\_\_\_\_

4. Have you had surgery for the ulcer or is surgery anticipated in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide complete details regarding date(s) of surgery, type of surgery and advise if any symptoms since surgery? \_\_\_\_\_

5. Was medication prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Name of Medication:</b>	<b>Dosage:</b>	<b>Frequency (i.e., daily, as needed)</b>
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\_\_\_\_\_

\_\_\_\_\_

6. Are you still on medication? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, when was medication discontinued? \_\_\_\_\_

7. Recent lab test or special studies (x-ray, Upper GI, other?) \_\_\_\_\_

Results of test: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Unknown

8. Do you now use tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_

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

10. 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