

## FIBROMYALGIA QUESTIONNAIRE

Rohrer & Associates

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Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ State: \_\_\_\_\_ Sex: M / F  
Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. \_\_\_\_\_ Weight: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Tobacco use in the past 5 years: No Yes Details: \_\_\_\_\_  
Producer: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Proposed Insured please answer the following:

1. When were you first diagnosed with fibromyalgia?
2. How did your doctor confirm the diagnosis?
3. Were blood tests performed? Yes No  
Results: \_\_\_\_\_
4. Have you been diagnosed with any other conditions such as: (circle all that apply and provide details)  
Rheumatoid Arthritis or Systemic Lupus or Polymyalgia Rheumatica
5. Describe your symptoms:
6. What tests have been performed?
7. Has additional testing been recommended or scheduled? (provide full details)
8. What areas of your body have been affected? (provide details)
9. Have you been seen by a specialist? (provide name, address, phone number and details)
10. Do you consider your fibromyalgia to be: Mild Moderate Severe

11. List all the types of treatment you have received :(provide details and results)
  
12. Do you exercise on a regular basis? (provide details) Yes No
  
13. Have you been seen by a physical therapist? (provide details) Yes No
  
14. Do you belong to a support group? Yes No
  
15. Do you have any physical limitations? (provide details) Yes No
  
16. Have you been tested for: (circle all that apply and provide details)  
Thyroid Disease or Lupus or Lyme Disease or Rheumatoid Arthritis
  
17. List all medications (include dosages) you have taken during the prior 12 months:
  
  
  
  
  
  
  
  
  
  
18. List the name(s), address(es) & phone number(s) of your physician(s) and date last consulted:

Additional Information (please use reverse side for additional space):

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

Insured's Signature: \_\_\_\_\_