



Viva Health Inc. Health Questionnaire—Fibromyalgia

Employee Name: _____ Group Name: _____
Proposed Insured: _____ D.O.B. _____

1. When were you first diagnosed with Fibromyalgia?
2. When did you first experience symptoms which resulted in the diagnosis of Fibromyalgia?
3. Describe these symptoms.
4. List all medications, along with dosage and frequency, which have been prescribed for your symptoms since your diagnosis.
5. Have you had a CT scan or MRI within the past five years?
6. What other tests have been ordered by your physician during the past five years?
7. Describe how your condition affects your daily living activities. Have your symptoms resulted in time off work?
8. How would you describe the effectiveness of your current medication on treating your symptoms: poor, fair, good, or excellent?
9. When was your most recent physician visit for this condition?
10. How often do you visit your physician for this condition?
11. Do you smoke? If yes, how many cigarettes per day?

I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.

Date: _____ Signature of proposed insured: _____

Use reverse side for additional comments or if further space is needed