

FIBROMYALGIA QUESTIONNAIRE (Complete all questions)

Agent Name: _____ Phone: _____

Client Name: _____ Date: _____

1. Age at time of diagnosis or first symptoms? _____ Symptoms at time of diagnosis: _____

 What are your symptoms now? _____
 Date of last symptoms? _____
2. Affected muscles/areas? _____
3. Any work loss or restriction of activities? Yes No If yes, provide details: _____

 Have you applied for disability? Yes No If yes, provide details: _____

4. Do you require the use of cane, crutches or a wheelchair to move about? Yes No

5. List your medication(s):

| Name of Medication: | Dosage: | Frequency (ie., daily, as needed) |
|---------------------|---------|-----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
6. Have you ever been treated for depression? Yes No If yes, provide details including dates and medications: _____

7. Details of physical therapy and/or pain management including dates of past and current treatment: _____

8. Have you ever been hospitalized for fibromyalgia or any related conditions? Yes No. If yes, provide complete details regarding dates of hospitalization(s), duration of stay and treatment received?

9. Have you had or been advised to have surgery for fibromyalgia? Yes No. If yes, advise type of surgery: _____

10. Name and address of treating physician: _____
 Date last seen: _____
11. What is your current height? _____ Weight? _____
12. Please provide any additional health issues or health information: