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Supplement to ConnectiCare® SOLO Application
THYROID QUESTIONNAIRE

Name of primary applicant: _____ . ID/SSN: _____ .

Name of person related to condition: _____ .

1. Please check all that apply:
 Hypothyroidism Hyperthyroidism Goiter
 Nodule Hashimoto's Thyroiditis Other: _____ .

2. Date of diagnosis: _____ . Date of last symptom: _____ .

3. How are you currently being treated for this condition? If medication, please provide the name, dosage and frequency with which you take it.
_____ .

4. Have you ever had or been advised to have surgery? Yes or No: _____. If yes, please give dates and details:
_____ .

5. Was the last thyroid level within range? Yes or No: _____. Please provide the results of last thyroid level test/study and date checked:
_____ .

****If you do not remember, please attach a copy of your most recent lab report to this form.

6. Please indicate the name and address of your current treating physician:
_____ .

7. Please provide any other details:

_____ .

All of the above statements are true, complete and correct to the best of my knowledge. I understand and agree that this form is part of my applicant for coverage and that ConnectiCare will also rely on these statements when determining eligibility.

Signature of Applicant (or parent / guardian if under 18): _____ .
Today's Date: _____