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**Supplement to ConnectiCare® SOLO Application**  
**URINARY/PROSTATE DISORDER QUESTIONNAIRE**

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

Name of person related to condition: \_\_\_\_\_ .

1. Please check all that apply:
- |  |                                       |  |                                 |
|--|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Bladder infection/UTI       | <input type="checkbox"/> Cystitis     | <input type="checkbox"/> Incontinence      | <input type="checkbox"/> Stones |
| <input type="checkbox"/> Nephritis                   | <input type="checkbox"/> Prostatitis  | <input type="checkbox"/> Polycystic Kidney |                                 |
| <input type="checkbox"/> Benign Prostate Hyperplasia | <input type="checkbox"/> Other: _____ |  |                                 |

2. When were you diagnosed? \_\_\_\_\_ . When was the date of your last symptom? \_\_\_\_\_ .

3. How many occurrences have you had in the past year? \_\_\_\_\_ . When was the date of your last occurrence? \_\_\_\_\_ .

4. Have you had or been told to have any operations or procedures related to this condition? Yes or No: \_\_\_\_\_ . If yes, what type and when?: \_\_\_\_\_ .

5. Do you now have or have you ever had any heart trouble or high blood pressure? Yes or No (If yes, please provide dates and details):

\_\_\_\_\_

6. What special tests/studies have you had (provide name, dates and results of studies)?

\_\_\_\_\_

7. When was your urine last checked? \_\_\_\_\_ . What were the results?

\_\_\_\_\_

**\*\*\*\*If you do not know the results, please attach your most recent urinalysis report to this form.**

8. Please provide the name and address of your current treating physician:

\_\_\_\_\_

9. Please give 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: \_\_\_\_\_ .

7/27/2009