INSURANCE DESIGNERS

Psoriatic Arthritis Questionnaire

Insurance Designers of Central Texas, LLC
12466 Los Indios Trail #100 Austin, TX 78729

Phone 512-257-9700
FAX 512-257-9701

Today's Date: **Agent:**

Full Name: **Male or Female?**

Height and weight: **Date of Birth:**

---

1. **When were you diagnosed (month and year and age)?**

2. **Is it asymmetric (joints on one side of the body) or symmetric (joints on both sides of the body)?**

3. **What medications are you taking (name, dosage, frequency)?**

4. **How long have you been taking these medications?**

5. **Which joints are involved?**

6. **Ability to function/move: Is there any crippling or are you still able to do everything that you normally do?**

7. **Any blood abnormalities? ___ Yes ___ No**

8. **Has your weight remained stable or have you ___ lost or ___ gained weight in the past year? If so, by how much?**

9. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
___Smokeless	___daily/monthly/yearly	_____	__Yes __ No
___Cigarettes	___per day/month/year	_____	__Yes __ No
___Cigar	___per day/month/year	_____	__Yes __ No
___Patch/Gum	___per day/month/year	_____	__Yes __ No