

Kidney Stone Questionnaire

Claims Administrator:
Consociate • Dansig
Attn: Underwriting
111 E. Decatur Street, P.O. Box 1068
Decatur, IL 62525
Phone: (888) 242-4357
Fax: (217) 451-9088

Group name: _____

Employee name: _____

Dependent name (if condition is for dependent) _____

Age: _____ Height: _____ Weight: _____

1. When did symptoms your begin? _____

2. Was this your first episode or is this recurrent? _____

If it's recurrent, please provide dates of all episodes: _____

3. How treated? _____ passed on own
 _____ surgical removal
 _____ lithotripsy

4. List methods of treatment for all, if more than 1 episode. _____

5. Was an x-ray done to determine if any stones are still remaining? If so, when and results? _____

6. Are you taking and medications? Yes or No

Medication name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Date last seen for a follow-up? _____ Results: _____

Please be advised that you may be required to submit medical records.

Employee signature: _____ Date: _____

