Asthma

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ ☐ Male ☐ Female

Face Amount _____ Max Premium $ _____ /yr. ☐ Term ☐ Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ Type of asthma diagnosed _____

What leads to asthmatic attacks _____

When did attacks occur	Number of attacks per year (state if continuous)
During past year	
During past 2 years	

If the client has been hospitalized or had ER visits due to severe asthma attacks, complete the information below

Date(s) of hospitalization/ER visit(s)	Length of hospital stay	Special circumstances

What medications are being used to control asthmatic attacks

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

List any abnormal EKG, chest x-ray, or pulmonary function testing:

List any other major health problems the client has: