Underwriting Questionnaire **Asthma**

List any other major health problems the client has:

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Producer Name						
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			Туре		
Date of diagnosis	Type of asthma diagnose	ed				
What leads to asthmatic attacks						
When did attacks occur			Number of a	attacks per yea	r (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)	e(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 otherw	vise) Da ⁻	tes used	Quantity	taken	Frequency taken	
List any abnormal EKG, chest x-ray, or pulmo	nary function testing:		-			

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