

**Asthma - Ask "Rx" pert underwriter
(ask our experts)**

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Asthma, please answer the following:

1. Please list date when first diagnosed: _____

2. Has your client ever been hospitalized for this condition:

☐ yes, please give details _____

☐ no

3. How many episodes of Asthma has your client had in the past year that required him/her to go to the ER or see their physician for treatment? _____

4. Has your client ever smoked?

☐ yes, and currently smokes _____ (amount/day)

☐ yes, smoked in the past but quit _____ (date)

☐ never smoked

5. Is your client on any other medications (include inhalers) or any medications taken on an "as needed" basis?

☐ yes, please give details _____

☐ no

6. Have pulmonary function tests (a breathing test) ever been done?

☐ yes, please give most recent test results _____

☐ no

7. Does your client have any abnormalities on an ECG or x-ray?

☐ yes, please give details _____

☐ no

8. Does your client have any other major health problems (ex: heart disease, etc.)?

☐ yes, please give details _____

☐ no