EMG
Insurance Brokerage
An Insurance Designers member since 1987

ASTHMA QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐M ☐F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐UL ☐WL ☐Term ☐Survivorship

Do you currently smoke cigarettes? ☐Y ☐N If no, did you ever smoke: ☐Never ☐Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐Y ☐N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Date of Diagnosis: _____

(2) What type of asthma has been diagnosed: _____

(3) Do you know what leads to the asthmatic attacks? If so, please describe: _____

(4) Please describe the frequency of attacks and how often they have occurred:

When did the attacks occur?	**Number of attacks per year: (if continuous, please state so)**
During past year ☐	
During past 2 years ☐	
During past 3 years ☐	
Four years or more ☐	

(5) Have you ever been hospitalized due to severe asthma attacks? If so, please tell us about your hospital stay:

Date(s) of hospitalization:	**How long were you at the hospital?**	**Were there any special circumstances?**

(6) What medications were/are being used to control the asthmatic attacks (or any other condition)?

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

(7) Please list any other medical information that may help provide a more realistic preliminary assessment:

_____

_____