

ASTHMA / RAD / ALLERGY QUESTIONNAIRE

Please answer all questions pertaining to the person for which the condition applies. If you need assistance in completing this form, please contact your physician. If you need more space, please turn this sheet over and continue.

Name of primary applicant: _____ ID/SSN: _____

Name of person who was treated: _____ Relationship to applicant: _____

1. Was this applicant ever diagnosed with (circle one): Asthma or Status Athmaticus or
Reactive Airway Disease or Allergies

2. Are your allergies / asthma seasonal? ___ Yes ___ No How many episodes per year? _____
Have you ever been treated for any other respiratory disorder? If so, please advise: _____

3. Have there been any hospital confinements or emergency room visits for this condition? ___ Yes ___ No
If yes, provide details to the following:

a. Reason for seeking treatment or confinement? _____

b. Date(s) of confinement/visits: _____

c. Number of visits/confinements: _____

d. Name and address of hospital where seen: _____

4. Any work loss or restricted activities? _____

5. Diagnostic studies done: ___ Allergy testing ___ X-ray studies ___ Specialist's exam
___ Bronchoscopy ___ Pulmonary function

___ Other: (Please specify) _____

6. **Details of treatment: Medications taken "regularly":**

Name of Medication	Dosage in mg	Frequency (# daily)

Medication taken seasonally:

Name of Medication	Dosage in mg	Frequency (# of months/days requiring treatment)

Desensitization shots? Yes ___ No ___ If Yes, frequency? _____

Use of Nebulizer? Yes ___ No ___ If Yes, frequency? _____

Have you ever had to take oral or IV steroids? If Yes, provide details: _____

7. How often do you see the doctor for this condition: _____

Name of Treating Physician	Address	Telephone Number

8. Have you ever used tobacco products? Yes ___ No ___ What type? _____ How long? _____
If you have stopped, when did you quit? _____

It is understood and agreed that the foregoing answers are true and shall be an attachment to my application for insurance and shall be the basis for the issuance of the Membership Certificate applied for, and that the omission or misstatement of any material information in answer to the foregoing questions shall void the membership certificate.

Signature of person treated (or parent / guardian if under 18)	Date