

# Asthma Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Has your client ever smoked? Provide type, amount, and date of last use:	
Has the client ever been hospitalized due to an asthma attack?	
How many episodes of asthma has the client had in the past year that required him/her to go to the ER or doctor for treatment?	
What is the frequency and intensity of the symptoms?	
When was the last major attack and how was it treated?	
Have pulmonary function tests (breathing tests) ever been done? If yes, provide results:	
Does the client have a history of heart disease?	
Does the client have any abnormalities on an ECG or x-ray?	
Medications currently being taken (provide dosage and frequency):	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

**Please return the completed form to your financial professional.**

All quotes are tentative, and are NOT BINDING, and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.