

**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

After reading the Rx for Success on Asthma, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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