



## Asthma

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of diagnosis \_\_\_\_\_ Type of asthma diagnosed \_\_\_\_\_

What leads to asthmatic attacks \_\_\_\_\_

| When did attacks occur | Number of attacks per year (state if continuous) |
|------------------------|--|
| During past year       |  |
| During past 2 years    |  |

If the client has been hospitalized or had ER visits due to severe asthma attacks, complete the information below

| Date(s) of hospitalization/ER visit(s) | Length of hospital stay | Special circumstances |
|--|-------------------------|-----------------------|
|  |                         |                       |

What medications are being used to control asthmatic attacks

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

List any abnormal EKG, chest x-ray, or pulmonary function testing:

List any other major health problems the client has:

### Questions?

**Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to [ddahl@mcgillbrokerage.com](mailto:ddahl@mcgillbrokerage.com), [tsimmons@mcgillbrokerage.com](mailto:tsimmons@mcgillbrokerage.com), and [gkay@mcgillbrokerage.com](mailto:gkay@mcgillbrokerage.com).**