



ASTHMA / ALLERGY QUESTIONNAIRE (complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Ever diagnosed with: Asthma _____ Allergies _____

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

3. Have you had an asthma attack requiring doctor's visit, hospitalization(s) 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 doctor/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

6. **Details of treatment:**
Medications taken "regularly":
Name of Medication: _____ **Dosage in mg.:** _____ **# Daily** _____

Medication taken seasonal: _____ **# Months/days**
Name of Medication: _____ **Dosage in mg.:** _____ **Requiring Treatment:** _____

Desensitization shots? Yes ___ No ___ 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 and address of treating physician _____

8. What is your current height? _____ Weight? _____

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

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand that Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

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

Date

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