# 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:

| **Name of Medication:** | **Dosage in mg.:** | **# Months/days 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