

Asthma supplementary questionnaire

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

1 When did you have your first symptoms of asthma? Date / /

2 When was your most recent attack of asthma? Date / /

3 Have you sought medical advice or treatment for asthma? Yes, please give details No

Name of doctor:

Address:

Date last consulted:

Treatment advice:

4 Do you take any medication for asthma or use an inhaler? Yes, please give details No

Type:

Date commenced:

Frequency:

Dosage:

Date ceased:

5 Have you ever been prescribed steroids? (e.g. prednisone, prednisolone, cortisone) Yes, please give details No

Type:

Date commenced:

Frequency:

Dosage:

Date ceased:

6 Do you have an Asthma Management Plan? Yes, please give details No

7 Have you ever been hospitalised due to asthma? Yes, please give details No

Date:

Hospital:

Treatment:

8 Have you ever had lung function tests performed? (e.g. Peak Expiratory Flow Rate) Yes, please give details No

Dates:

Results:

Continued overleaf

9 Approximately how frequently do you have attacks, and how long do they last?

10 Are the symptoms/attacks mild, moderate or severe?

11 Are the symptoms/attacks precipitated by anything in particular? (e.g. seasonal, exercise induced, a cold or bronchitis)

12 How much time from your occupation have you lost through asthma in the last 2 years?

Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance. I further declare that there has not been any change in my health, occupation or pastimes since completing my application for insurance. Any changes in my personal circumstances are disclosed below.

Name of life insured:

Date:

Signature:

Macquarie Life



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