

# Generali Worldwide Asthma Questionnaire



**PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS**

**To be completed by the medical attendant.**

Full name of the person to be assured:

Date of birth:

Patient since:

**1.** What was the date of onset?

**2.** How frequent are the attacks?

Are the attacks becoming more or less frequent?

**3.** How severe are the attacks?

Has the applicant ever been admitted to hospital for asthma or related chest disorders? Yes  No

Please give full details

Has status asthmaticus ever occurred? Yes  No

**4.** What treatment is the applicant currently receiving?

Please state dosage

Have corticosteroids ever been prescribed? Yes  No

**a)** on long term basis

**b)** to cover acute episodes

**5.** Are there any physical signs, e.g. emphysema or chronic bronchitis?

6. Please give dates and results on any relevant investigations (especially chest x-ray and Respiratory Function Tests, if available).

Date	PEF	FEV

Signature:

Date:

Medical attendant's stamp:

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Licensed by the Insurance Commission of the Bahamas to carry on long-term insurance business in the Commonwealth of the Bahamas.

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