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? _____
   Have you ever been treated for any other respiratory disorder? If so, please advise: _____

3. Have there been any hospitalizations 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 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 steriods? 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