



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

ASTHMA / BRONCHITIS/ RESPIRATORY DISORDER QUESTIONNAIRE

TO BE FILLED IN BY PROPOSER

Name of life Assured

Application Number

PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

1. Please state the precise diagnosis of chest disorder, if known

Asthma Bronchitis

Any other Respiratory disorder (please mention) _____

Since when are you suffering from the same? _____

How many attacks do you get in one year? _____ When did you have last attack? _____

2. Please describe your symptoms. _____

a. How frequently do symptoms occur? _____

b. Do your symptoms wake you at night? Yes No

If yes, how often per month? _____

c. Are your attacks seasonal? Yes No

If yes, which season is the most provoking? _____

No. of attacks: _____

3. What treatment are you on at present? State the name of the tablets and dosage

4. Have you ever taken cortisone Steroids e.g Beclamethasone, Prednisolone etc?. Yes No

If yes, When _____

Type of treatment _____ Inhaler Tablets liquid medicines

Dosage _____

5. Are you aware of any allergy to any specific substance or weather or any other conditions, which trigger symptoms? Yes No

If yes, please state the condition 1. _____ 2. _____ 3. _____

6. Do you smoke cigarettes/ beedis/ cigar/ pipes? Yes No

If yes, how many per day? _____ Since when? _____

7. Have you ever been admitted to the hospital for an emergency care in the last 5 years? Yes No

If yes, 1. When _____

For how many days? _____

****Please provide hospitalization reports and the discharge summary.**

8. Please mention the distance you can walk or the no. of stairs you can climb without becoming breathless.

Distance: kms _____ No. of stairs: _____

9. Have you had undergone x-rays, PFT or any other investigations for this condition? Yes No

If yes, date of investigation: ____/____/____

Type of investigation: _____

10. Please provide complete Name and Address of your treating physician

_____ Date of last consultation _____

11. Please provide any additional information, which you feel, will be helpful in processing your application.

***** Please submit any blood tests, x-ray of chest, PFT records or any other tests done in the last one year**

I hereby declare and agree that the above particulars and answers are complete and true, and this questionnaire will form part of the contract of the desired insurance on my life.

Date : _____ Place _____

Signature of Proposer (Life assured)

****Please tick wherever applicable.**