



Application #

Agent #

**RESPIRATORY DISORDER QUESTIONNAIRE** (To be completed by Attending Physician)

**Proposed Life Insured** (Last name, First name, Middle name)

**Date of Birth (mm/dd/yy)**

**Type of Respiratory Disorder**

**Date of Onset**

Frequency of episodes

Date of First Consultation

Date of Last Attack

1. Given the classifications overleaf, would you describe your patient's condition as mild, moderate or severe?
2. Please give details of treatment, particularly steroid therapy?
3. Is there any limitations of functional capacity including ability to work?
4. Please give the dates and results of any investigations, including pulmonary function tests and chest X-rays.
5. Are you aware of any complicating features of the proposer's condition, eg. cigarette smoking, occupation?
6. Please use the space below to amplify to the questions above and for any comments you care to make with regards to the patient's ability to handle the disease

I affirm that the answers I have given above are complete and true to the best of my knowledge.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name of **ATTENDING PHYSICIAN** M.D.