Anthem

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

3. Have you had an asthma attack requiring doctor's visit, hospitalization(s) 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 doctor/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 steroids? 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

Anthem Blue Cross and Blue Shield is the trade name of In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Ohio: Community Insurance Company. In Missouri: RightCHOICE®' Managed Care, Inc. (RIT), Healthy Alliance®' Life Insurance Company (HALIC), and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Wisconsin: Blue Cross and Blue Shield of Wisconsin ("BCBSWi") underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") underwrites or administers the HMO policies; and Compcare and BCBSWi collectively underwrite or administer the POS policies. An independent licensee of the Blue Cross and Blue Shield Association.
The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.