

# Respiratory Condition Questionnaire

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company  
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Name <u>Markus Roberts</u>	Email address <u>markus@reality.com</u>	Underwriting request ID
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- What is the clinical diagnosis of your respiratory condition? (asthma, allergies, bronchitis, etc.) allergies / asthma occasionally triggering bronchitis
- Your age at time of diagnosis of condition(s)? asthma, ~7 allergies ~7, bronchitis
- ☐ Yes ☒ No Have you ever been diagnosed with chronic obstructive pulmonary disease (COPD) or emphysema?  
Date of diagnosis \_\_\_\_\_
- ☐ Yes ☒ No Have you completed pulmonary function testing within the past 5 years? Date(s) \_\_\_\_\_  
Where may we obtain the results? \_\_\_\_\_
- List physician and medical facility consulted for this condition.

Physician and Medical Facility Name(s)	Address	Telephone Number	Date of Last Visit
<u>Allergy, Asthma &amp; Dermatology associates</u>	<u>705 SE Baseline St. Hillsboro OR 97116</u>	<u>503-648-1494</u>	<u>3/29/2011</u>
<u>Next Care</u>	<u>Scottsdale, AZ</u>		<u>12/30/2011</u>
<u>Maple St Clinic (Primary Care)</u>	<u>1825 Maple St. Forest Grove OR 97116</u>	<u>503-357-2136</u>	<u>2/18/2013 for lungs</u>

- ☒ Yes ☐ No Are you currently taking medications for this condition? If yes, list below.

Medication	Dosage	Frequency (used daily or as needed)	Date Prescribed
<u>Loratadine</u>	<u>10 mg</u>	<u>daily</u>	<u>N/A</u>
<u>Pseudoephedrine</u>	<u>30 mg</u>	<u>As needed, upto 3/d</u>	<u>sept. 2015</u>

- ☐ Yes ☒ No Have you used oral steroids such as prednisone in the past year? If yes, list below.

Medication	Reason	Dates Used

- ☐ Yes ☒ No Have you ever been hospitalized for this condition? If yes, how many times in the past 5 years? \_\_\_\_\_  
Date of most recent hospitalization \_\_\_\_\_
- ☒ Yes ☐ No Have you ever required emergency room or urgent care treatment for this condition? If yes, how many times in the past 5 years? 1  
Date of most recent emergency room or urgent care consult 5/4/2013
- ☐ Yes ☒ No Have you ever been diagnosed to have status asthmaticus? If yes, date(s) \_\_\_\_\_

11. ☐ Yes ☒ No Have you ever been intubated (placement of flexible tube into the windpipe)? If yes, date(s) \_\_\_\_\_

12. ☐ Yes ☒ No Do you have any physical restrictions or limitations due to your respiratory condition? If yes, describe \_\_\_\_\_

13. ☐ Yes ☒ No Have you ever used tobacco? Tobacco type \_\_\_\_\_  
How often used \_\_\_\_\_ Total years used \_\_\_\_\_ Date of last use \_\_\_\_\_

14. ☒ Yes ☐ No Are you exposed to any environmental factors which aggravate your respiratory condition (for example: dust, pollen, smoke) at work or home? If yes, describe \_\_\_\_\_

Smoke infused material from house fire recovery (temporary, <sup>I am</sup> using masks as needed)

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

Signature

X



Date signed

2 April 2016