EMPHYSEMA



CLIENT NAME:

Submit the Client Information Questionnaire with this form

- 1. What is the cause? Asthma, occupation, smoking?
- 2. What is the degree of severity?
- 3. Does client use oxygen?
- 4. Has client ever been hospitalized? If yes, give details.
- 5. Have pulmonary function tests been done? If so, what were the results?
- 6. Is client on medication? (accurate name, dosage, and reason)
- 7. Are there any restrictions of activities?
- 8. Are there any other health issues?

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