

EMPHYSEMA QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: _____ DOB: _____

1. When did you realize you had a breathing problem? _____
2. How did you contract emphysema? _____

3. Did it pertain to your job:
 - a. Were you a coal miner? _____
 - b. Did you work with asbestos? _____
 - c. Other (please explain) _____

4. How long ago were you diagnosed with this problem? _____

5. What diagnostic tests were completed and by whom? _____

6. Have you ever smoked? _____
7. Are you still smoking? _____
8. Are you on any type of medication, if so, what and amount? _____

9. Have you ever had to use oxygen? _____
10. Name of physician _____

11. When was your last forced vital capacity test? _____
12. What was the outcome of the test? _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

Please circle the associate you work with. Russ, Rhonda, Leo