

MEDICAL HISTORY QUESTIONNAIRE: PARKINSONS DISEASE

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

- Never
 Former
 Current

Date Stopped: _____
 Type: _____

Coverage Information:

- Type: Term UL IUL
 WL VUL Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of first diagnosis: _____

2. Please note the functional stage of the client currently:

- Stage I: Unilateral involvement
 Stage II: Bilateral involvement but normal stance
 Stage III: Bilateral involvement with mild postural imbalance, but able to lead an independent life
 Stage IV: Bilateral involvement with postural instability; requires substantial help
 Stage V: Severe disease, restricted to bed or wheelchair

3. Has there been any evidence of progression? No Yes, please give details

4. Please note if any of the following have occurred (check all that apply):

- Aspiration Dementia Depression Falls
 Memory Problems Pneumonia Recurrent Infections Recurrent Injuries

5. Please list current medications:

Name of Medication	Dosage	Reason

6. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____