

PARKINSON'S DISEASE QUESTIONNAIRE

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____

TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

FAMILY HISTORY - AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH _____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (RESULTS) _____ / _____ / ARE YOU TREATED FOR BLOOD PRESSURE NO YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) _____, _____ TREATED FOR CHOLESTEROL NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE LIST DATE OF FIRST DIAGNOSIS _____
2. PLEASE NOTE THE CURRENT FUNCTIONAL STAGE:
 - STAGE 1 – UNILATERAL INVOLVEMENT
 - STAGE 2 – BILATERAL INVOLVEMENT, BUT NORMAL STANCE
 - STAGE 3 – BILATERAL INVOLVEMENT WITH MILD POSTURAL IMBALANCE, BUT ABLE TO LEAD AN INDEPENDENT LIFE
 - STAGE 4 – BILATERAL INVOLVEMENT WITH POSTURAL INSTABILITY, REQUIRES SUBSTANTIAL HELP
 - STAGE 5 – SEVERE DISEASE, RESTRICTED TO BED OR WHEELCHAIR

3. PLEASE LIST CURRENT MEDICATIONS:

4. HAS THERE BEEN ANY EVIDENCE OF PROGRESSION?
 - NO YES, DETAILS _____

5. PLEASE NOTE IF ANY OF THE FOLLOWING HAVE OCCURRED (PLEASE CHECK ALL THAT APPLY):

- DEMENTIA
- MEMORY PROBLEMS
- ASPIRATION
- RECURRENT INFECTIONS
- FALLS
- RECURRENT INJURIES

6. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY): _____