



MEDICAL HISTORY QUESTIONNAIRE: PARKINSON'S DISEASE

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

- Never
 Former Date Stopped: _____
 Current 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:
 Bliateral 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) If yes, No Yes

please provide details:

