

## MEDICAL HISTORY QUESTIONNAIRE: PARKINSON'S DISEASE

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:

Coverage Information:

Never

Former

Current

Date Stopped: \_\_\_\_\_

Type: \_\_\_\_\_

Type:  Term

WL

Face Amount: \_\_\_\_\_

Premium Tolerance: \_\_\_\_\_

UL  IUL

VUL  Survivorship

### 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: