

MEDICAL HISTORY QUESTIONNAIRE: PARKINSONS DISEASE

Client Name: _____ Date: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

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: 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: _____