

Parkinson's Disease Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

1. Date Parkinson's diagnosed: _____ Age at diagnosis: _____

2. Current functional stage of Parkinson's disease: _____

- Stage 1- unilateral involvement
- Stage 2- bilateral involvement with normal stance
- Stage 3- bilateral involvement with mild imbalance living independent life
- Stage 4- bilateral involvement with significant imbalance and requires substantial assistance in daily activities
- Severe Parkinson's, restricted to wheelchair or bed

3. Has there been progression of symptoms? No Yes _____

4. Current medications and treatments for Parkinson's: _____

5. Check an of the following symptoms that may apply: dementia memory loss _____

recurring falls or injuries recurring infections _____

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height _____ Weight _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2013. By Fredric Berger. All rights reserved.