

Underwriting Questionnaire Parkinson's Disease



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

Note the current functional stage of the client

- 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

Has there been any evidence of progression

Yes No; If yes, provide details _____

Have any of the following occurred (select all that apply)

- Dementia Memory problems Aspiration Depression
- Recurrent infections Falls Recurrent injuries

Is the client independent (could live alone without assistance)? Yes No; If no, list extent of disability below

Is the client receiving disability payments due to inability to work full-time? Yes No; if yes, provide details below

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: