PARKINSON'S DISEASE

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of first diagnosed: _____

2. Please note the functional stage of the client currently:

☐ Stage I unilateral involvement
☐ Stage II bilateral involvement but normal stance
☐ Stage II 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

_____

_____

5. Please note if any of the following have occurred (check all that apply):

☐ Dementia ☐ Recurrent infections
☐ Memory problems ☐ Falls
☐ Aspiration ☐ Recurrent injuries
☐ Pneumonia ☐ Depression

6. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

