

## 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 2004. By Fredric Berger. All rights reserved.