



### MEDICAL HISTORY QUESTIONNAIRE: PARKINSONS DISEASE

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current  
 Date Stopped: \_\_\_\_\_ 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: Bliateral 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: \_\_\_\_\_