

# Dementia or Alzheimer's Quote Request

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES Complete details please

When was this condition first diagnosed? \_\_\_\_\_

Please explain the actual diagnosis \_\_\_\_\_

Ever been hospitalized for treatment of Dementia? Y N

If YES, Complete details and dates please \_\_\_\_\_

Does the condition appear to be deteriorating? Y N

Do you live alone or with a spouse or partner Y N

Do you drive an Automobile? Y N

Can you manage your own finances? Y N

If YES, Complete details and dates please \_\_\_\_\_

Have you ever had or been treated for: (Please Circle all that apply)

Chest Pain or Coronary                      Coronary Artery Disease                      TIA or Stroke

Enlarged heart                                      Kidney Disease                                      Aneurysm

If YES, Complete details please \_\_\_\_\_

What have been your recent Blood Pressure readings? \_\_\_\_\_

What has been your recent Cholesterol readings? \_\_\_\_\_

Do you have Diabetes? Y N When Diagnosed? \_\_\_\_\_

If YES, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Heart Disease. Peripheral Vascular Disease or Diabetes? Y N

If YES, Complete details please \_\_\_\_\_

What Lifestyle Changes have you made to treat your illness? \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

Do you have any other major health problems? (example: cancer, etc)?

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787

You may Fax to: (631) 265-7054 or E-mail to: [vainc@victorson.com](mailto:vainc@victorson.com)