Parkinson's Disease 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 did you first exhibit symptoms of Parkinson's Disease? _____
Please give date of firm diagnosis _____
Date of onset of condition, duration, severity, location? _____
Please indicate Number of episodes, and date of latest episode _____
Please indicate the nature and degree of the symptoms _____
Please indicate current Neurologic Status and/or Symptoms: (Please circle best answer)
Normal Minimal Residual Impairment Moderate Residual Impairment Severe Residual Impairment
Please explain _____

Any complications secondary to Parkinson's Disease? Y N
If YES, Please explain _____

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 or Diabetes? _____
_____

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