



Alzheimer's or Dementia Questionnaire

Client Name _____ Date of Birth ____/____/____ Smoker Y N
Height ____' ____" Weight _____ lbs. Amt. of ins \$. _____ Type: Term Yrs. _____ GUL UL WL
Have you ever been declined or rated for insurance? Y N Details: _____

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 Enlarged heart If YES, Complete details please _____
Coronary Artery Disease Kidney Disease
TIA or Stroke Aneurysm

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 Questionnaire to Victorson Associates, 321 E. Main St., Suite 6, Smithtown, NY 11787 or
Scan and Email to Vainc@victorson.com or FAX to (631) 265-7054