



### 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