



Multiple Sclerosis 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 MS? Y N
If YES, Complete details and dates please _____

Does the condition appear to be deteriorating? Y N
Please indicate current Neurologic Status and/or Symptoms: (Please circle best answer)
Normal Minimal Residual Impairment Moderate Residual Impairment
Severe Residual Impairment

Please indicate Number of episodes, and date of latest episode _____

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

- Chest Pain or Enlarged heart
- Coronary Artery Disease
- Kidney Disease
- TIA or Stroke
- 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 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