



# Parkinson's Disease

**Please answer all questions applicable to the client's medical history.**

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

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 \_\_\_\_\_

Any history of dementia? (Please provide details) \_\_\_\_\_

What is current stage ( I, II, III, IV)? \_\_\_\_\_

Is Proposed insured able to do all activities of Daily living without assistance? Yes No

Is Progression Normal or Rapid? \_\_\_\_\_

Please provide current medications taken

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What conditions has the client been diagnosed with

Diabetes Age of onset \_\_\_\_\_ Recent A1c result \_\_\_\_\_

High blood pressure Most recent reading \_\_\_\_\_

Irregular heartbeat

Other arterial disease  Carotid  Peripheral Vascular  Cerebrovascular

Does the client take any current medications, including preventative aspirin  Yes  No

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Does the client engage in any regular exercise or sporting activity  Yes  No If yes, provide details

\_\_\_\_\_  
List any other major health problems the client has: