Underwriting Questionnaire Parkinson's Disease

Producer Name	Phone		Date		
Client Name	Date of Birth				
□ Male □ Female Face Amount		Max Premium	\$	_ /yr.	
□ Term □ Permanent Has the client eve	r used any form of to	bacco (cigarettes,	cigars, pipe, snuff	, etc.)? 🛛 Yes	□No
Frequency	Date of last use		Туре _		
Date of diagnosis					
Note the current functional stage of the client Stage I - Unilateral involvement Stage II - Bilateral involvement but norma Stage III - Bilateral involvement with mild Stage IV - Bilateral involvement with post Stage V - Severe disease; restricted to be Has there been any evidence of progression Yes No; If yes, provide details	postural imbalance b :ural instability; require d or wheelchair	es substantial help			
Have any of the following occurred (select all that Dementia Memory prob Recurrent infections Falls	olems 🛛 🗌 Aspira	tion rent injuries	Depression		
Is the client independent (could live alone without	assistance)? 🗌 Yes	□No; If no, list e	extent of disability	below	
Is the client receiving disability payments due to ina	ability to work full-tim	ne? 🗌 Yes 🗌 No	; if yes, provide de	etails below	

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

List any other major health problems the client has:

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