

PARKINSON'S DISEASE

CLIENT NAME:		Date:					
☐ Male ☐ Female Date of birth:	Height:'	Weight:					
Tobacco Use: □ Never used □ Totally	y stopped Date stopped:	Use now Type o	☐ Use now Type of nicotine product:				
Type of Coverage: \square Term \square UL [
Coverage Amount:	Anticipated Pre	mium:					
	FAMILY I						
	brother or sister who had cancer, arate sheet to provide this inforn		ey disease or who committed suicide? and date of death				
PROPOSED INSURED'S EXISTING INSURANCE							
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?				
1. Data of first diagnosada							
1. Date of first diagnosed:							
2. Please note the functional stage of the c	•						
☐ Stage I unilateral involvement							
Stage II bilateral involvement but normal stance							
☐ Stage II bilateral involvement with mild postural imbalance, but able to lead an independent life							
 Stage IV bilateral involvement with postural instability; requires substantial help Stage V severe disease; restricted to bed or wheelchair Has there been any evidence of progression? □ No □ Yes; please give details 							
5. Please note if any of the following have	occurred (check all that apply):						
□ Dementia □ Recurrent infections							
☐ Memory problems ☐ Falls							
☐ Aspiration ☐ Recurrent injuries							
□ Pneumonia □ Depressio	n						
6. List all medications client is taking. (acc	curate name, dosage, and reason)						
(Accurate) Name of Medication	Dosage	Reason					
7. Are there any other health problems? (a	additional questionnaires may be r	required) 🗆 No 🗆 Yes; plea	ase give details				
	·	•					