

## MEDICAL HISTORY QUESTIONNAIRE: PARKINSONS DISEASE

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information: Type:  Term  UL  IUL  WL  VUL  Survivorship

Face Amount: \_\_\_\_\_ Premium Tolerance: \_\_\_\_\_

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of first diagnosis: \_\_\_\_\_

2. Please note the functional stage of the client currently:
- Stage I: Unilateral involvement
  - Stage II: Bilateral involvement but normal stance
  - Stage III: 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

3. Has there been any evidence of progression?  No  Yes, please give details

\_\_\_\_\_

\_\_\_\_\_

4. Please note if any of the following have occurred (check all that apply):
- Aspiration
  - Dementia
  - Depression
  - Falls
  - Memory Problems
  - Pneumonia
  - Recurrent Infections
  - Recurrent Injuries

5. Please list current medications:

Name of Medication	Dosage	Reason

6. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_