

Parkinson's Disease Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
Maximum Premium Tolerance Per Year: _____
Has Client Ever Used Any Form Of Nicotine? No Yes
Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
Frequency: _____ Date Last Used _____
Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) Provide date of diagnosis? _____
- 2) What is your functional stage for Parkinson's 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 mild postural instability; requires substantial help
 Stage V - Severe Disease; restricted to bed or wheel chair
- 3) Has there been any evidence of progression? Yes No If yes; provide details

- 4) Has there been any changes in your symptoms over the past 6 months? Yes No If yes; provide details

- 5) Are you independent (could live alone without assistance)? Yes No If no; list extent of disability

- 6) Are you receiving disability payments due inability to work fulltime? Yes No If yes; specify since when?

- 7) Have any of the following occurred? (check all that apply)
 Cognitive Problems Aspiration Depression Recurrent infections Falls Recurrent injuries
 Pneumonia Sleep Problems/disorders Fatigue Sudden change in Blood pressure
- 8) Do you take any type of maintenance medication to treat your condition? Yes No If yes; please provide name, dosage and frequency of each medication treating your Parkinson's symptoms:

- 9) Are you participating in any kind of experimental treatment program? Yes No If yes; provide details

- 10) Have you had any surgery to treat your Parkinson's? Yes No If yes; please describe:



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11) Is there family history of heart disease or cancer or Parkinson's disease? Yes No If yes; provide details including relationship to yourself, age of onset, type and current age or date of death

12) Do you exercise three or more times per week on a regular basis? Yes No if yes provide details

13) Have you made any lifestyle changes to improve your overall health? Yes No if yes provide details

14) Are you being treated for any other medical conditions? If yes; provide details

15) Please list all current medications, dosages and what condition the medication is treating

Please use additional pages if needed