Elite Marketing Group
An Insurance Designers member since 1986

PARKINSONISM
PARKINSON'S DISEASE QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐M ☐F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐UL ☐WL ☐Term ☐Survivorship

Do you currently smoke cigarettes? ☐Y ☐N If no, did you ever smoke: ☐Never ☐Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐Y ☐N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Date of first diagnosis: _____

(2) Describe current symptoms: _____

_____

(3) Does the proposed insured take any medications or have any been taken in the past? ☐No ☐Yes; please list in table:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(4) Has any surgery been done? ☐No ☐Yes; please describe: _____

_____

(5) Is the proposed insured independent (could live alone, without assistance)? ☐Yes ☐No; list extent of the disability:

_____

(6) Is the proposed insured receiving disability payments due to inability to work full time?

☐No ☐Yes; since (date): _____

(7) Is the proposed insured participating in any kind of experimental treatment program? ☐No ☐Yes; please describe:

_____

(8) Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:

_____

_____

_____

_____