SIMPLICITY ILLINOIS

MEDICAL HISTORY QUESTIONNAIRE: PARKINSONS DISEASE

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never
☐ Former Date Stopped: _____
☐ Current 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: Bliateral 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: _____

_____

_____

_____