

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: Bilateral involvement with postural instability; requires substantial help

Stage V: Severe disease, restricted to bed or wheelchair



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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: _____



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