Parkinson's Disease Questionnaire

Name DOB Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Describe the client's symptoms:	
What is the rate of progression of the disease?:	
Does the client have a history of any of the following? Check all that apply:	☐ Depression ☐ Urinary tract infection ☐ Respiratory infection ☐ Heart attack/heart trouble ☐ Smoking
Does the client have trouble with any Activities of Daily Living (e.g. walking, dressing, feeding, etc.)?	
Has the client undergone any surgical treatments for this condition? If so, provide type/date:	
Medications being taken (provide dosage and frequency):	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.