

Parkinson's Disease Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____
Client Name: _____ Date of Birth: _____ Sex: Male / Female
Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____
Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. When was the proposed insured first diagnosed? _____
2. What stage of Parkinson's Disease does the proposed insured currently have?
 Early Moderate Advanced
3. Does the proposed insured experience any of the following symptoms? (Check all that apply.)
 Tremor or shaking Stiff muscles and achiness Slow, limited movement
 Weakness of face and throat muscles Difficulty walking Difficulty with balance
 Other: _____
4. How is the proposed insured currently being treated? _____

5. Is the proposed insured current taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uuinc.com.