PinnacleQuote
Life Insurance Specialists

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. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: ______________________________
When did you last use any form of tobacco: _______ (Month) ______ (Year) Type used last: ______________

(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: ______________________________

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

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(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: _______

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

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