



Huntington's Chorea Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured diagnosed with Huntington's Chorea? _____

2. Does the proposed insured suffer from any of the following symptoms? (Check all that apply.)

Involuntary movements or rigidity

Changes in mental status (irritability, moodiness, depression, antisocial behavior)

Weight loss

Dementia

Seizures

Other: _____

3. Has the proposed insured ever been hospitalized for this condition? Yes No

If yes, provide details: _____

4. Has the proposed insured ever been disabled as a result of this condition? Yes No

If yes, provide details: _____

5. Is the proposed insured currently taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s): _____

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