



Parkinson's Disease 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 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 currently taking any medication(s)? Yes No

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

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