



## Parkinson's Disease

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Note the current functional stage of the client

- Stage I - Unilateral involvement
- Stage II - Bilateral involvement but normal stance
- Stage III - Bilateral involvement with mild postural imbalance but able to lead an independent life
- Stage IV - Bilateral involvement with postural instability; requires substantial help
- Stage V - Severe disease; restricted to bed or wheelchair

Has there been any evidence of progression

Yes  No; If yes, provide details \_\_\_\_\_

Have any of the following occurred (select all that apply)

- Dementia  Memory problems  Aspiration  Depression
- Recurrent infections  Falls  Recurrent injuries

Is the client independent (could live alone without assistance)?  Yes  No; If no, list extent of disability below

Is the client receiving disability payments due to inability to work full-time?  Yes  No; if yes, provide details below

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

### Questions?

**Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to [ddahl@mcgillbrokerage.com](mailto:ddahl@mcgillbrokerage.com), [tsimmons@mcgillbrokerage.com](mailto:tsimmons@mcgillbrokerage.com), and [gkay@mcgillbrokerage.com](mailto:gkay@mcgillbrokerage.com).**