



MULTIPLE SCLEROSIS QUESTIONNAIRE  
***Global Insurance Resources Group Inc.***  
 9744 WILSHIRE BOULEVARD SUITE 306, Beverly Hills, CA 90212  
 PHONE (310) 550-3300 FAX (310) 550-3390

CLIENT: NAME \_\_\_\_\_ [ ] M [ ] F, DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ STATE \_\_\_\_\_

AMOUNT REQ. \$ \_\_\_\_\_ MAX. ANNUAL PREMIUM \$ \_\_\_\_\_

TYPE OF INSURANCE: [ ] PERM [ ] TERM YRS. LEVEL \_\_\_\_\_

TOBACCO USE: [ ] NO [ ] YES, DETAIL \_\_\_\_\_

REPLACING? [ ] NO [ ] YES CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR: \_\_\_\_\_ COMPANY \_\_\_\_\_  
 ACTION \_\_\_\_\_

AGENT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**1. DATE MULTIPLE SCLEROSIS WAS DIAGNOSED**  
 \_\_\_\_\_

**2. IS MULTIPLE SCLEROSIS ACTIVE?**  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, WHAT IS THE DATE OF THE LAST ATTACK?** \_\_\_\_\_

**3. WHAT IS THE DEGREE OF SEVERITY OF MULTIPLE SCLEROSIS?**  
 [ ] MILD - TOTAL 2 TO 4, MILD EXACERBATION WITH NO RESIDUALS

[ ] MODERATE - SLOWLY PROGRESSIVE 1 OR 2 ATTACKS PER YEAR WITH RECOVERY BETWEEN ATTACKS, SOME MODERATE RESIDUALS, SUCH AS CANE USE

[ ] SEVERE - PROGRESSIVE, MORE THAN 2 ATTACKS PER YEAR, WHEEL CHAIR CONFINEMENT, BEDRIDDEN

[ ] RAPIDLY PROGRESSIVE SYMPTOMS

**4. CURRENT SYMPTOMS, (CHECK ALL THAT**

**6. LIST THE LAST CHOLESTEROL READING, IF KNOWN:**  
 \_\_\_\_\_ HDL RATIO \_\_\_\_\_

**7. LIST THE LAST BLOOD PRESSURE READING, IF KNOWN:**  
 \_\_\_\_\_ SYSTOLIC/ \_\_\_\_\_ DIASTOLIC

**8. CLIENT'S OCCUPATION** \_\_\_\_\_

**9. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?**  
 [ ] NO [ ] YES, PLEASE DETAIL

**10. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?**  
 [ ] NO [ ] YES, PLEASE DETAIL

**11. PLEASE LIST ANY OTHER IMPAIRMENTS OR ILLNESSES; ALONG WITH ANY AND ALL**

**HAVE OCCURRED OVER THE PAST TWO YEARS):**

- VISUAL DIFFICULTIES**
- NUMBNESS**
- WEAKNESS OR FATIGUE**
- IMPAIRED SWALLOWING**
- FREQUENT BLADDER INFECTIONS**
- BOWL CONTROL DIFFICULTIES**
- USE OF CANE**
- USE OF WHEEL CHAIR**
- DIFFICULTY WITH SPEECH**

**5. DATE OF CLIENT'S LAST VISIT TO A PHYSICIAN:**

**0 TO 6 MONTHS AGO**

**6 TO 12 MONTHS AGO**

**12 TO 24 MONTHS AGO**

**OVER 2 YEARS AGO**

**MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:**

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