



PARALYSIS & SPINAL CORD INJURY QUESTIONNAIRE
Global Insurance Resources Group Inc.
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 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. WHAT CAUSED YOUR PARALYSIS?

[] TRAUMA, GIVE DETAILS AND DATE OF OCCURRENCE

[] SURGERY, GIVE DETAILS INCLUDING REASON FOR SURGERY AND DATE OF OCCURRENCE

[] STROKE OR CEREBRAL VASCULAR ACCIDENT

[] OTHER DISEASE, PLEASE GIVE DETAILS

2. PLEASE NOTE CURRENT LEVEL OF FUNCTION:

- [] INCOMPLETE PARAPLEGIA
- [] COMPLETE PARAPLEGIA
- [] INCOMPLETE QUADRIPLEGIA
- [] COMPLETE QUADRIPLEGIA

5. ARE THERE ANY CURRENT SYMPTOMS OR COMPLICATIONS (CHECK ALL THAT APPLY):

- [] NORMAL BLADDER FUNCTION
- [] NEEDS ASSISTANCE (FOR ABOVE)
- [] NORMAL BOWEL FUNCTION
- [] NEEDS ASSISTANCE (FOR ABOVE)
- [] USES CANE ONLY
- [] WHEEL CHAIR BOUND
- [] BED BOUND
- [] NEEDS ASSISTANCE EATING
- [] NEEDS ASSISTANCE TO COMMUNICATE

6. IS TREATMENT CURRENTLY BEING PRESCRIBED?

[] NO [] YES, PLEASE DETAIL

7. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?

[] NO [] YES, PLEASE DETAIL

8. CLIENT'S OCCUPATION

3. IF PARALYSIS FROM INJURY OR TRAUMA, AT WHAT SPINAL CORD LEVEL (LIST SPECIFIC VERTEBRAE AVAILABLE, I.E. C7-8)
 CERVICAL SPINE

THORACIC SPINE

LUMBROSACRAL SPINE

4. HAVE ANY OF THE FOLLOWING OCCURRED:
(CHECK ALL THAT APPLY)

- PNEUMONIA
- SKIN ULCERS
- URINARY TRACT INFECTION
- KIDNEY IMPAIRMENT
- DEPRESSION

9. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?
 NO YES, PLEASE DETAIL

10. PLEASE LIST ANY OTHER IMPAIRMENTS OR ILLNESSES; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:
