



PARKINSON'S DISEASE 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. PLEASE LIST THE DATE OF THE FIRST DIAGNOSIS:**

\_\_\_\_\_

**2. PLEASE NOTE THE CURRENT FUNCTIONAL STAGE OF THE**

**[ ] STAGE 1 - UNILATERAL INVOLVEMENT**

**[ ] STAGE 2 - BILATERAL INVOLVEMENT, BUT NORMAL STANCE**

**[ ] STAGE 3 - BILATERAL INVOLVEMENT WITH MILD POSTURAL IMBALANCE BUT ABLE TO LEAD AN INDEPENDENT LIFE**

**[ ] STAGE 4 - BILATERAL INVOLVEMENT WITH POSTURAL INSTABILITY, REQUIRES SUBSTANTIAL HELP**

**[ ] STAGE 5 - SEVERE DISEASE, RESTRICTED TO BED OR WHEELCHAIR**

**3. HAS THERE BEEN ANY EVIDENCE OF PROGRESSION?**

**[ ] NO [ ] YES, PLEASE DETAIL**

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

**[ ] NO [ ] YES, PLEASE DETAIL**

\_\_\_\_\_  
 \_\_\_\_\_

**6. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?**

**[ ] NO [ ] YES, PLEASE DETAIL**

\_\_\_\_\_  
 \_\_\_\_\_

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

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

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**4. PLEASE NOTE IF ANY OF THE FOLLOWING HAS OCCURRED (CHECK ALL THAT APPLY):**

- DEMENTIA**
- FALLS**
- RECURRENT INJURIES**
- ASPIRATION**
- MEMORY PROBLEMS**