

Cenco Insurance Marketing Corporation
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Questionnaire For: Parkinson's Disease

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/___
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. Please list the date of the first diagnosis _____
2. Please note the current functional stage of the client:
 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? Yes No
If yes, please detail _____
4. Please note if any of the following have occurred (check all that apply):
 Dementia
 Memory problems
 Aspiration
 Recurrent infections
 Falls
 Recurrent injuries
5. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No
If yes, please detail _____
6. Does the client exercise three or more times per week? Yes No
If 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: _____
