



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Multiple Sclerosis Questionnaire

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. Date multiple sclerosis was diagnosed _____
2. Is multiple sclerosis active? Yes No
If yes, what is the date of last attack _____
3. What is the degree of severity of multiple sclerosis?
 Mild – total 2 to 4, mild exacerbations with no residuals
 Moderate – slowly progressive, one or two 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 progressing symptoms
4. Current symptoms (check all that have occurred over the past two years):
 Visual difficulties Bowel control difficulties
 Numbness Use of cane
 Weakness or fatigue Use of wheel chair
 Impaired swallowing Difficulty with speech
 Frequent bladder infections
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
6. List the last cholesterol reading, if known: _____ HDL Ratio _____
7. List the last blood pressure reading, if known: _____ Systolic/ _____ Diastolic

8. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No
If yes, please detail _____

9. Does the client exercise three or more times per week? Yes No If yes, please details

10. Client's occupation _____

11. Please list any other illnesses and impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____

