MULTIPLE SCLEROSIS QUESTIONNAIRE

Agent:	Phone:	Fax:

Proposed Insured Name: _____ ☐M ☐F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ☐UL ☐WL ☐Term ☐Survivorship
Do you currently smoke cigarettes? ☐Y ☐N If no, did you ever smoke: ☐Never ☐Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ☐Y ☐N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of Diagnosis: _____

(2) Please indicate the number of episodes and date of last episode: _____

(3) Please note current neurologic status and/or symptoms:

☐ Normal _____
☐ Minimal residual impairmet (please specify) _____
☐ Moderate residual impairmet (please specify) _____
☐ Severe residual impairmet (please specify) _____

(4) Is your client on any medications? ☐ Yes (please give details) ☐ No

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(5) Please provide all MRI brain scan reports: _____

(6) Does your client have any other major health problems (ex: stoke, etc.)? ☐ Yes (please give details) ☐ No

_____

_____

_____

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MADISON BROKERAGE