

Multiple Sclerosis Quote Request

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When did you first exhibit symptoms of Multiple Sclerosis? _____

Please give date of firm diagnosis _____

Date of onset of condition, duration, severity, location? _____

Please indicate Number of episodes, and date of latest episode _____

Please indicate current Neurologic Status and/or Symptoms: (Please circle best answer)
Normal Minimal Residual Impairment Moderate Residual Impairment Severe Residual Impairment
Please explain _____

Any complications secondary to Multiple Sclerosis? Y N
If YES, Please explain _____

What have been your recent Blood Pressure readings? _____

What has been your recent Cholesterol readings? _____

Do you have Diabetes? Y N When Diagnosed? _____
If YES, what medication are you taking? _____

Do you have any Family History of Heart Disease or Diabetes? _____

What Lifestyle Changes have you made to treat your illness? _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: cancer, etc)? _____

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
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