

# NEUROMUSCULAR DISORDER

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

## FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
**If yes, use separate sheet to provide this information, including age of onset and date of death**

### PROPOSED INSURED'S EXISTING INSURANCE

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. List date of first diagnosis: \_\_\_\_\_

2. Name of neuromuscular disorder: \_\_\_\_\_

3. Describe condition with diagnosis. \_\_\_\_\_  
 \_\_\_\_\_

4. What is your condition? \_\_\_\_\_  
 \_\_\_\_\_

5. Is client disabled? )  No  Yes

6. Does client use a cane or a wheelchair?  No  Yes

7. Does client have a caregiver?  No  Yes

6. Is client receiving any treatment?  No  Yes, What type? \_\_\_\_\_

9. When did client last see doctor for this condition? \_\_\_\_\_

10. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

11. Are there any other health problems? (additional questionnaires may be required)  No  Yes; please give details  
 \_\_\_\_\_  
 \_\_\_\_\_

# FAMILY HISTORY (ADDENDUM)

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

1. Has the proposed insured had relative(s) with any of the following:

- Parent  
Has had:  Cancer  Diabetes  Stroke  Heart disease  Committed suicide  Other (explain below)  
Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_
- Brother  
Has had:  Cancer  Diabetes  Stroke  Heart disease  Committed suicide  Other (explain below)  
Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_
- Sister  
Has had:  Cancer  Diabetes  Stroke  Heart disease  Committed suicide  Other (explain below)  
Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_

2. If yes to any of the above, please provide details/information

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