



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Paralysis and Spinal Cord Injury 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. What caused the paralysis?

Trauma, give details and date of occurrence _____

Surgery, give details including reason for surgery and date of occurrence _____

Stroke or cerebral vascular accident

Other disease, please give details _____

2. Please note current level of function:

Incomplete paraplegia

Complete paraplegia

Incomplete quadriplegia

Complete quadriplegia

3. If paralysis from injury or trauma, at what spinal cord level (list specific vertebrae if available, i.e. C7-8)

Cervical spine _____

Thoracic spine _____

Lumbrosacral spine _____

4. Have any of the following occurred (check all that apply):

Pneumonia

Skin ulcers

Urinary tract infection

Kidney transplant

Depression

5. Are there any current symptoms or complications (check all that apply):

- Normal bladder function, or needs assistance
- Normal bowel functions, or needs assistance
- Uses cane only
- Wheel chair bound
- Bed bound
- Needs assistance eating
- Needs assistance to communicate

6. Is treatment currently being prescribed? Yes No

If yes, please detail _____

7. Has a parent, brother or sister died prior to age 65, other than by accident? Yes No

If yes, please detail _____

8. Does the client exercise three or more times per week? Yes No

If yes, please detail _____

9. Client's occupation _____

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