CEREBRAL VASCULAR and NEUROLOGICAL QUESTIONNAIRE

Proposed Insured's Name: DOB: Sex: ☐ M ☐ F

Tobacco Use: ☐ Yes ☐ No Amount: Height: Ft. In. Weight:

Broker's Name: Face Amount:

BGA: Phone: Fax:

Proposed Insured please answer the following:

1. Indicate what you have been diagnosed with:

   ☐ Amnesia
   ☐ Tremor
   ☐ Parkinson's Disease
   ☐ Dementia
   ☐ Other:
   ☐ Stroke (Cerebral Vascular Accident / CVA)
   ☐ Transient Ischemic Attack (TIA or "mini-stroke")
   ☐ Organic Brain Syndrome
   ☐ Alzheimer's Disease

2. Please give date(s) of diagnosis and occurrence(s):

   Date: Details:

   Date: Details:

   Date: Details:

3. Have any special tests or studies been done (i.e. CAT scan, MRI, Stress Test)?
   ☐ No ☐ Yes, Details:

4. Have or do you require assistance on a regular basis? ☐ No ☐ Yes, Details:

5. Are you fully recovered? ☐ No ☐ Yes, Details:

6. Do you have any other major health problems?

7. Are you on any medication(s)? ☐ No ☐ Yes, Name(s) and dosage(s):

8. Date you last consulted your physician:

9. Name and address of your physician(s):

10. Has case been shopped Elsewhere, if so where?

11. Client's occupation

Date: ______________ ______________________________