

# Dementia/Alzheimer's Questionnaire



Submit This Form with your application for better informed underwriting

## Client Information

<b>Client Name:</b>					
<b>DOB:</b>	<b>Gender</b>	<b>Height</b>	<b>Weight</b>	<b>Marital Status</b>	
<b>Occupation &amp; Length of Employment:</b>					
<b>Tobacco Use</b>	Never Used	Totally Stopped		Current User	
		<b>Date Stopped</b>		<b>Type Used</b>	
<b>Type of Coverage</b>	Term	UL	Survivor	<b>Amount \$</b>	

## Essential Information

1	Type of Dementia		Date of Diagnosis	
2	List onset of symptoms			
3	List current medications (accurate name, dosage and reason)			
4	Note Functional status:	<input type="checkbox"/>	Minimal cognitive changes, fully functioning	
		<input type="checkbox"/>	Needs supervision outside the home	
		<input type="checkbox"/>	Assistance needed on any ADL (Activities of Daily Living)	
		<input type="checkbox"/>	Custodial Care	
5	Does the client have any other health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes provide details:</i>  	

**Confidential**

Dementia - Alzheimer's Questionnaire  
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