

ALZHEIMER'S DISEASE AND DEMENTIA QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: _____ DOB: _____

1. When was this first noted by the client? _____
2. At what age was your client diagnosed with this disease? _____
3. What were the diagnostic factors in realizing that the proposed insured had/has Alzheimer's Disease or Dementia? _____

4. Who is the proposed insured's physician? _____

5. What studies have been completed to have this diagnosis made? _____

6. Does the client have any other impairments? _____

7. Is the disease mild and slowly progressive? _____
8. What medication is the proposed insured taking? _____

9. Is there any deterioration in memory, if so, how severe? _____

10. Is the proposed insured able to care for self, live on own, handle finances etc.? _____

Date: _____

Agents Name: _____

Agents Tell #: _____ Fax # _____

Please circle the associate you have been working with Russ, Rhonda or Leo