M. WILLIAMSON INSURANCE SERVICES
LIFE INSURANCE | DISABILITY INSURANCE | LONG-TERM CARE INSURANCE

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MEDICAL HISTORY QUESTIONNAIRE: MULTIPLE SCLEROSIS

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never
☐ Former Date Stopped: _____
☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. List the date of first diagnosis: _____
2. Indicate number of episodes: _____
3. Date of last episode: _____
4. Please note current neurological status and/or symptoms:
   - ☐ Normal
   - ☐ Minimal residual impairment (specify) _____
   - ☐ Moderate residual impairment (specify) _____
   - ☐ Severe residual impairment (specify): _____
5. What are the client's current syptoms? _____

6. What therapy is the client on? _____

7. Does client have any problems with extremities, kidneys or bladder? ☐ No ☐ Yes
   If Yes, please provide details: _____

8. Please list current medications:

Name of Medication	Dosage	Reason

9. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes
   If yes, please provide details: _____