

MULTIPLE SCLEROSIS

AGENT NAME: _____

CLIENT NAME: _____ Date: _____

1. List 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 (please specify) _____

Moderate residual impairment (please specify) _____

Severe residual impairment (please specify) _____

5. What are client's current symptoms?

6. What therapy is client on?

7. Does client have any problems with extremities, kidneys, or bladder? No Yes; please give details

8. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

9. Are there any other health problems? (additional questionnaires may be required) No Yes; please give details

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