Multiple Sclerosis

Please answer all questions applicable to the client's medical history.

Producer Name_____ Phone _____ Date_____

Client Name_____ Date of Birth_____ ☐Male ☐Female

Face Amount _____ Max Premium $_____ /yr. ☐Term ☐Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐Yes ☐No

Frequency_____ Date of last use _____ Type _____

Date of first diagnosis_____

Type of multiple sclerosis
☐Relapsing-remitting ☐Progressive ☐Benign (no signs or symptoms for 5+ years)

How was the condition diagnosed ☐MRI ☐Evoked Potentials ☐Other_____

Approximate Date of Attack(s)	Duration of Attack(s)	Residual Effects	Specify Impairment for Residual Effects
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	
		☐None ☐Minimal ☐Moderate ☐Severe	

If there is a disability, provide the score for the Expanded Disability Status Scale (EDSS) or describe the disability
EDSS Score_____(0 thru 10) or description_____

Work status
☐Currently working ☐On disability

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: