

## Parkinson's Disease — For Pre-Assessment

Only enter life insured policy Initials; do NOT enter full name (for Privacy Reasons).

Initials of life insured: Gender: Date of Birth / /

Smoking Status: Non-Smoker Ex-Smoker Smoker

Postcode of your life insured Height: cms Weight: kgs

Relationship Status: Married/Defacto Widowed Single

QuickCalc Reference Number (if applicable):

1. When was the life insured first diagnosed with this condition?

2. Does the life insured require help with any daily activities, such as driving, bathing, walking, standing, sitting, dressing, preparing meals or managing administrative and banking tasks? Yes No  
If Yes, please provide details of the activities and whether partial or full assistance is needed.

3. Has the life insured needed to retire or reduce their work hours due to health reasons?  
Yes No If Yes, please provide details and dates

4. Does the Parkinson's condition affect: One side of the body Both sides

5. Is there an Enduring Power of Attorney (EPOA) in place? Yes No  
If Yes, when was this put in place?

6. Has the life insured undergone surgery or specialised treatments including Deep Brain Stimulation (DBS)? Yes No  
If Yes, please provide details?

7. In the last 2 years, has the life insured been hospitalised or received urgent outpatient or emergency department treatment?  
Yes No If yes, please provide details.

8. Name of all medication(s) currently taking (and dosage)  
To fast-track pre-assessment, have the life insured redact their name, photograph current medications, and submit with this questionnaire.

Medicine 1	Dosage	Medicine 4	Dosage
Medicine 2	Dosage	Medicine 5	Dosage
Medicine 3	Dosage	Medicine 6,7,8	Dosage(s)

9. Has the life insured experienced any of the following symptoms:  
A tremor Changes or slurring of speech  
Rigidity or slower limb movement Loss of balance or frequent falls  
Difficulty in walking

10. How long has the life insured been attending their current GP/Medical Practice?  
Less than 1 year 1-5 years 5-10 years 10 or more years

11. In the last 12 months, approximately how often has the life-insured seen their GP/Medical Practice?  
Yearly Half Yearly Quarterly Monthly Fortnightly Weekly

12. Please provide details of the life insured's GP / medical practice.

Name of GP

Address

Last Seen

13. Would the life insured be willing to confidentially discuss their current health with an iExtend's medical underwriter? Yes No  
If Yes, please select a time range (Mon-Friday) that suits the life insured: Morning Early Afternoon Evening (4-6pm)