LifeInsuranceMultipleSclerosis.com

Name _____ Gender ☐ Male ☐ Female

Date of Birth _____ Phone/Email _____

Policy Amount _____ Policy Length _____

Do you currently smoke cigarettes? ☐ Yes ☐ No If no, when did you quit smoking? _____

Do you currently use any other type of tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicarette gum…) ☐ Yes ☐ No

If yes, please provide details: _____

When did you last use any form of tobacco: _____ Type used last: _____

Date of First Diagnosis: _____

How was the MS Diagnosed: ☐ MRI ☐ Evoked Potentials ☐ Other: _____

Please complete as much of the following information as possible:

Approximate Date of Attack(s)	Duraction of the 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 applicable, please provide the score (0-10) for the Expanded Disability Status Scale (EDSS) or otherwise describe the disability:

Please list any medications being taken:

Name of Medication	Dates Used	Quantity Taken	Frequency Taken