PARKINSON'S DISEASE



CLIENT NAME:	
	Submit the Client Information Sheet with this form
1.	List date of first diagnoses.
2.	Please note the functional stage of the client currently: Stage I
3.	Has there been any evidence of progression? no yes; give details:
4.	Is client on medication? (accurate name, dosage, and reason)
5.	Please note if any of the following have occurred (check all that apply): dementiarecurrent infections memory problemsfallsaspirationrecurrent injuriespneumoniadepression
6.	Does client have any other major health issues? (additional questionnaires may be required)

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