



# J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

## Multiple Sclerosis - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

1. Please list date of first diagnosis \_\_\_\_\_
2. Please indicate the number of episodes and date of last episode: \_\_\_\_\_
3. Is your client on any medication  
 yes, please give details \_\_\_\_\_  
 no
4. Please note current neurologic status and/or symptom  
 normal  
 minimal residual impairment (please specify) \_\_\_\_\_  
 moderate residual impairment (please specify) \_\_\_\_\_  
 severe residual impairment (please specify) \_\_\_\_\_
5. Please provide all MRI brain scan reports: \_\_\_\_\_
6. Has your client smoked cigarettes in the last 12 month  
 yes  
 no
7. Does your client have any other major health problems (ex: heart disease, etc.)?  
 yes, please give details \_\_\_\_\_  
 no