Autism / Asperger's Syndrome Questionnaire

Agent Name: _____ Phone #: (_____) _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: $_____ Type of Insurance: ___ UL ___ WL ___ SUL ___ Term (# of years _____)

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1. When was Autism / Asperger's Syndrome diagnosed? _____

2. Does the proposed insured experience any of the following? (check all that apply)

___ Problems with social skills
___ Unusual preoccupations or rituals
___ Limited range of interests
___ Exceptional skills/talents
___ Eccentric or repetitive behaviors
___ Communication difficulties
___ Coordination problems

Provide details: _____
_____

3. How is this condition being treated?

___ Special education
___ Medication
___ Behavior modification
___ Speech, physical or occupational therapy

4. Is the proposed insured taking any medication(s) for this, or any other condition(s)? ___ Yes ___ No
If yes, provide the name, dosage and frequency of all medications(s): _____
_____
_____
_____

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