

DOWN SYNDROME/RETARDATION

CLIENT NAME: _____
Submit the Client Information Questionnaire with this form

1. What is applicant's IQ?
2. Is applicant self-supporting? Give details
3. Is client taking any medication? (accurate name, dosage, and reason)

DOWN SYNDROME

1. What is applicant's social and economic situation?
2. Are there any cardiovascular or pulmonary problems?
If yes, give details:

RETARDATION

1. At what age did applicant become mentally retarded?
2. Is the retardation chromosomal?

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE.

Please fax form to 612-392-7644 or email to mvp@mvp-servicesolutions.com

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