



## Narcolepsy Questionnaire

Insurance Designers of Central Texas, LLC  
12466 Los Indios Trail #100  
Austin, TX 78729  
Phone 512-257-9700  
FAX 512-257-9701

Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

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1. When were you diagnosed (month, year and age)?
2. What testing was done for evaluation?
3. What were the results of the tests? NOTE: If you can get a copy of this from your doctor's office and fax it to us, that will help us obtain the most accurate quote.
4. Have there been any type of accidents related to this? \_\_\_ Yes \_\_\_ No  
If yes, list date and details including when recovered.
5. What is your occupation?
6. Have you missed any time off from work? \_\_\_ Yes \_\_\_ No  
If yes, number of days per year:
7. How often do you see your doctor and when was the most recent visit?
8. What medications do you take, reason, dosage and how often?

9. What symptoms do you have and how often?

10. Has your weight remained stable or have you \_\_\_ lost or \_\_\_ gained weight in the past year? If so, by how much?

11. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
___ Smokeless	___ daily/monthly/yearly	_____	___ Yes ___ No
___ Cigarettes	___ per day/month/year	_____	___ Yes ___ No
___ Cigar	___ per day/month/year	_____	___ Yes ___ No
___ Patch/Gum	___ per day/month/year	_____	___ Yes ___ No