

Underwriting Questionnaire

Attention Deficit Disorder/ Hyperactivity Disorder (ADD/HD)



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

Is the client on any medications

Yes, provide details _____
 No

Does the client have a history of any of the following psychiatric disorders (check all that apply)

- Mood or anxiety disorder
- Personality disorder
- Conduct disorder or oppositional disorder
- Suicidal thought/attempt
- Substance abuse (alcohol or drugs)
- Other _____

Has the client ever been hospitalized or on disability for psychiatric treatment

Yes, provide details _____
 No

If school-age, is the client in regular class for age

Yes, provide details _____
 No

List any other major health problems the client has: