Underwriting Questionnaire

Depression/Anxiety



Producer Name		Phone	Date	_ \	
Client Name		Date of Birth			
☐ Male ☐ Female Face Amount		Max Premium \$		/yr.	
☐ Term ☐ Permanent	Has the client ever used	l any form of tobacco (cigare	ettes, cigars, pipe, snuff, etc	.)? □Yes □No	
Frequency [of last use	Type	_ Type	
Date(s) of initial and subseq	uent episodes of depression_				_
What specific type(s) of dep Bipolar disorder (n Bipolar disorder (d Bipolar disorder (d) What medications are used	nanic)	Dysthymia Major depression Other	☐Anxiety ☐Situational depres		_
Туре	Usual Quantity	Frequency of Use	How Taken	Dates: From - To	
					-
Emergency Room for any de	spitalized or gone to the Epression/anxiety symptoms				_
	with electric shock therapy (I		if yes, total number of ECT	treatments	_
Date of first ECT t	reatment	Date of most recer	nt ECT treatment		
Has the client had (or been	diagnosed with) any of the f	ollowing conditions			
□Alcohol / Drug abo	use - Date of last use				_
☐Anorexia / Bulimia	nervosa - Date diagnosed				_
☐Personality / Psych	otic disorder - Date diagnose	ed and exact name of conditi	on		_
☐Suicidal thoughts	/ attempts - Date of last such	thought / attempt			
The client is:	☐On disablilty				



List any other major health problems the client has:

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