DEPRESSION

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. List the diagnosis: _____

2. Please indicate: Number of episodes: _____ Date of last episode: _____

3. Has client been hospitalized for psychiatric treatment? ☐ No ☐ Yes; plesase give dates and lengths of stay.

_____

_____

4. Does client have a history of any of the following associated conditions? Please check all that apply. (Additional questionnaires may be required)

☐ Personality disorder
☐ Psychotic disorder
☐ Suicidal thought/attempt
☐ Substance abuse (alcohol or drugs) (complete questionnaire)
☐ Other psychiatric disorder _____

5. Is the client currently working? ☐ No ☐ Yes; please list occupation

_____

6. Has any time been lost from work as a result of condition? ☐ No ☐ Yes; please give details

_____

_____

7. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

