

Underwriting Questionnaire



Depression/Anxiety

Please answer all questions applicable to the client's medical history.

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(s) of initial and subsequent episodes of depression _____

What specific type(s) of depression has been diagnosed

☐ Bipolar disorder (mixed)

☐ Dysthymia

☐ Anxiety

☐ Bipolar disorder (manic)

☐ Major depression

☐ Situational depression

☐ Bipolar disorder (depressed)

☐ Other _____

What medications are used to treat the condition

Type	Usual Quantity	Frequency of Use	How Taken	Dates: From - To

Has the client ever been hospitalized or gone to the Emergency Room for any depression/anxiety symptoms ☐ Yes ☐ No Date(s) _____

Has the client been treated with electric shock therapy (ECT) ☐ Yes ☐ No If yes, total number of ECT treatments _____

Date of first ECT treatment _____ Date of most recent ECT treatment _____

Has the client had (or been diagnosed with) any of the following conditions

☐ Alcohol / Drug abuse - Date of last use _____

☐ Anorexia / Bulimia nervosa - Date diagnosed _____

☐ Personality / Psychotic disorder - Date diagnosed and exact name of condition _____

☐ Suicidal thoughts / attempts - Date of last such thought / attempt _____

The client is: ☐ Working ☐ On disability

List any other major health problems the client has: