Underwriting Questionnaire | Depression/Anxiety

Underwriting

Financial Professional Information

Name:_____ Phone: _____ Date:_____

Client Information

Name:_____ Date of Birth: _____ State of Residence:_____

☐ Male ☐ Female Height:____ft.____in. Weight:____lbs.

Face Amount:_____ Max Premium $_____/yr.

Desired Life Insurance Type: ☐ Term ☐ Permanent

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

Frequency:_____ Date of Last Use:_____ Type:_____

Types of Depression

Date(s) of initial and subsequent episodes of depression: _____

What specific type(s) of depression has been diagnosed

☐Bipolar disorder (mixed)
☐Bipolar disorder (manic)
☐Bipolar disorder (depressed)
☐Dysthymia
☐Major depression
☐Other: _____
☐Anxiety
☐Situational depression

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

What medications are used to treat the condition: _____

Has the client ever been hospitalized or gone to the emergency room for any depression/anxiety symptoms? ☐Yes ☐No

If yes, 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: _____

☐ Postpartum — What are the symptoms and how well are they being controlled: _____
What is the severity of the symptoms: ☐Mild ☐Moderate ☐Severe

☐ Suicidal thoughts — Date of last such thought: _____

☐ Suicidal attempts — Date of last such attempt: _____

The client is: ☐ Working ☐ On disabililty

List any other major health problems the client has:

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