

# Field Underwriting Questionnaire - Depression

Name: \_\_\_\_\_

Male  Female DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Other Company(s) Action:

- Rated Table \_\_\_\_\_
- Postponed
- Declined

1. What has Applicant been diagnosed as?

- Depression
- Manic Depressive (Bipolar)

2. Has applicant ever attempted suicide?

- Yes  No
- If Yes: month/year \_\_\_\_\_

3. Has the applicant ever been hospitalized for depression?

- Yes  No
- If Yes: month/year \_\_\_\_\_

4. Has the applicant lost work due to depression in the last 12 months?

- Yes  No

5. Is applicant currently taking medication for depression?

- Yes  No
- If Yes list medications \_\_\_\_\_

6. Is applicant currently seeing a mental health therapist?

- Yes  No
- If Yes: often? \_\_\_\_\_

7. Please list month and year of last visit to a mental health therapist.

month/year \_\_\_\_\_

8. Please list any other illness or injury.

\_\_\_\_\_

\_\_\_\_\_

9. Please list all other medications currently being taken.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Has either parent, brother(s), or sister(s) died before age 65, other than by accident?

- Yes  No
- If Yes: list cause \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_