

# Depression Questionnaire

Name  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tobacco Use  No  Cigarettes  Other tobacco \_\_\_\_\_ Date quit? \_\_\_\_\_

State \_\_\_\_\_ Amount of Insurance \_\_\_\_\_ Type of Insurance \_\_\_\_\_

Occupation/Source of income: \_\_\_\_\_

1. List Diagnosis:  depression  bipolar disease  other: \_\_\_\_\_

2. Date diagnosed: \_\_\_\_\_

3. List number of episodes and date of last episode: \_\_\_\_\_

4. Have you been hospitalized or seen in an emergency room for psychiatric treatment?  No

Yes, give details: \_\_\_\_\_

5. List all medications currently being taken for depression: \_\_\_\_\_

6. Have you had any of the following? If so, please give dates and details: \_\_\_\_\_

Depression  No  Yes: \_\_\_\_\_

Suicide Ideation or Thoughts  No  Yes: \_\_\_\_\_

Suicide Attempt  No  Yes: \_\_\_\_\_

Substance Abuse  No  Yes: \_\_\_\_\_

Personality Disorder or Psychotic Disorder  No  Yes: \_\_\_\_\_

## General Questions:

1. Do you have any other major health problems?  No  Yes – Details: \_\_\_\_\_

2. List all medications: \_\_\_\_\_

3. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Most recent blood pressure reading: \_\_\_\_\_

**Agent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance  
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