



**American Brokerage Services, Inc.**

Toll Free: 1-888-227-3131  
Fax: 215-233-9409

803 Willow Grove Avenue  
Wyndmoor, PA 19038

**Nervous Disorder Questionnaire**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Cigarette Smoker:  Yes  No  
Quantity per Day: \_\_\_\_\_

1. What is the diagnosis?  Depression  
 Manic Depression (Bi-Polar)  
 Anxiety/Panic Attacks  
 Other \_\_\_\_\_

2. Has applicant ever attempted suicide?  Yes  No  
If "Yes", number of times \_\_\_\_\_ Date(s): \_\_\_\_\_

3. Has the applicant ever been hospitalized for psychiatric reasons within the last 12 months?  Yes  No  
If "Yes", number of times \_\_\_\_\_ Date(s): \_\_\_\_\_

4. Has the applicant lost work due to psychiatric reasons within the last 12 months?  Yes  No  
If "Yes", how long? \_\_\_\_\_ Are you currently disabled?  Yes  No

5. Is applicant currently taking medication(s)?  Yes  No  
If "Yes", list medication(s): \_\_\_\_\_

6. List any other illness or injury: \_\_\_\_\_

7. Name of doctor with psychiatric records and date last seen: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_