

# Depression / Anxiety Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male / Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker: Y / N Face Amount: \_\_\_\_\_

Type of Insurance:  Universal Life  Whole Life  Survivorship  Term (# of years \_\_\_\_\_)

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1. What diagnosis was given? \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
  2. Number of episodes? \_\_\_\_\_ Date of last episode? \_\_\_\_\_
  3. Was the depression/anxiety described as bipolar or manic? \_\_\_\_\_
  4. Was the depression/anxiety related to a specific event?  Yes  No  
If yes, describe event: \_\_\_\_\_  
\_\_\_\_\_
  5. Was the proposed insured hospitalized?  Yes  No  
If yes, provide details and dates: \_\_\_\_\_  
\_\_\_\_\_
  6. Did the proposed insured ever attempt suicide?  Yes  No  
If yes, provide date(s): \_\_\_\_\_
  7. Type of treatment? \_\_\_\_\_  
\_\_\_\_\_
  8. Did the proposed insured take any medication(s) to treat the depression/anxiety?  Yes  No  
If yes, provide the name, dosage and frequency of the medication(s)? \_\_\_\_\_  
\_\_\_\_\_
  9. Is the proposed insured still taking the medication(s)?  Yes  No  
If no, date last used: \_\_\_\_\_
  10. Was any time lost from work, or from not being able to perform regular daily activities?  Yes  No  
If yes, how much time? \_\_\_\_\_
  11. Is the proposed insured seeing a psychiatrist?  Yes  No  
If yes, how often? \_\_\_\_\_



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