Underwriting Questionnaire Depression/Anxiety

List any other major health problems the client has:

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Producer Name		Phone	Date	_	
Client Name		Date of Birth			
☐ Male ☐ Female	Face Amount	/yr.			
☐ Term ☐ Permanent	Has the client ever used	any form of tobacco (cigare	ttes, cigars, pipe, snuff, etc.)	? □Yes □No	
Frequency	Date	of last use	Type		
Date(s) of initial and subsequ	uent episodes of depression_				
What specific type(s) of depr Bipolar disorder (m Bipolar disorder (m Bipolar disorder (de	ixed)	Dysthymia Major depression Other	□Anxiety □Situational depressi		
Туре	Usual Quantity	Frequency of Use	How Taken	Dates: From - To	
Has the client ever been hospitalized or gone to the Yes No Date(s) Emergency Room for any depression/anxiety symptoms					
Has the client been treated with electric shock therapy (ECT)					
Date of first ECT treatment Date of most recent ECT treatment					
Has the client had (or been o	diagnosed with) any of the fo	ollowing conditions			
□Alcohol / Drug abuse - Date of last use					
Anorexia / Bulimia nervosa - Date diagnosed					
Personality / Psychotic disorder - Date diagnosed and exact name of condition					
Suicidal thoughts / attempts - Date of last such thought / attempt					
The client is: Working	☐ On disablilty				

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