



Bipolar Questionnaire

Agent Name: _____ Phone #: _____ ()

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. When was the proposed insured first diagnosed with Bipolar? _____

2. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

☐ Euphoria ☐ Inflated self-esteem
☐ Racing thoughts ☐ Not needing as much sleep as usual
☐ Talking more than usual ☐ Being more active than usual
☐ Easily distracted ☐ Impulsive behavior
☐ Other: _____

3. Has the proposed insured ever been hospitalized as a result of this condition? ☐ Yes ☐ No
If yes, provide details: _____

4. Has the proposed insured ever been disabled as a result of this condition? ☐ Yes ☐ No
If yes, provide dates and monthly disability income: _____

5. How is the proposed insured being treated for this condition?
☐ Medication Name, dosage and frequency: _____
☐ Therapy Provide frequency: _____
☐ Other: _____

6. Has the proposed insured ever attempted suicide? ☐ Yes ☐ No

7. Is the proposed insured current taking any medication(s)? ☐ Yes ☐ No
If yes, provide name, dosage and frequency of medication(s) _____

FAX or E-MAIL to Donna Winterstine at 301-355-0429 / dwinterstine@bsibroker.com