



Anxiety / Depression 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. 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? _____

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