



Field Underwriting Questionnaire - Depression

Name: _____

Male Female DOB _____

Height _____ Weight _____

Other Company(s) Action:

- Rated Table _____
- Postponed
- Declined

1. What has Applicant been diagnosed as?
 Depression
 Manic Depressive (Bipolar)

2. Has applicant ever attempted suicide?
 Yes No
 If Yes: month/year _____

3. Has the applicant ever been hospitalized for depression?
 Yes No
 If Yes: month/year _____

4. Has the applicant lost work due to depression in the last 12 months?
 Yes No

5. Is applicant currently taking medication for depression?
 Yes No
 If Yes list medications

6. Is applicant currently seeing a mental health therapist?
 Yes No
 If Yes: often?

7. Please list month and year of last visit to a mental health therapist.

 month /year _____

8. Please list any other illness or injury.

9. Please list all other medications currently being taken.

10. Has either parent, brother(s), or sister(s) died before age 65, other than by accident?
 Yes No
 If Yes: list cause

Notes:

Agent: _____

Address: _____

Phone: _____

Fax: _____