

DEPRESSION QUESTIONNAIRE

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____

CLIENT INFORMATION:

PROPOSED INSURED: _____ DATE OF BIRTH: ___/___/___
 MALE FEMALE HEIGHT: _____ WEIGHT: _____ STATE OF SALE: _____
OTHER COMPANY ACTIONS: RATED TABLE _____ POSTPONED DECLINED - WHEN _____
OTHER COMPANY DETAILS: _____

DIAGNOSIS: _____

PLEASE LIST THE NUMBER OF EPISODES: _____

DATE OF LAST EPISODE: ___/___/___

IS THE PROPOSED INSURED ON ANY MEDICATIONS?
 NO YES - PLEASE LIST: _____

HAS THE PROPOSED INSURED BEEN HOSPITALIZED FOR
TREATMENT OF DEPRESSION?
 NO YES - GIVE DETAILS: _____

HAS THE PROPOSED INSURED RECEIVED ECT ("SHOCK
THERAPY")?
 NO YES - GIVE DETAILS: _____

DOES THE PROPOSED INSURED HAVE A HISTORY OF ANY
OF THE FOLLOWING ASSOCIATED CONDITIONS?
SUBSTANCE ABUSE (ALCOHOL/DRUGS)
 NO YES - GIVE DETAILS: _____

PERSONALITY DISORDER
 NO YES - GIVE DETAILS: _____

PSYCHOTIC DISORDER
 NO YES - GIVE DETAILS: _____

SUICIDAL THOUGHT/ATTEMPT
 NO YES - GIVE DETAILS: _____

HAS THE PROPOSED INSURED LOST WORK DUE TO
DEPRESSION IN THE LAST FIVE YEARS?
 NO YES - PROVIDE MONTH/YEAR AND DURATION
_____/____/____

IS THE PROPOSED INSURED CURRENTLY SEEING A
MENTAL HEALTH THERAPIST?
 NO YES - HOW OFTEN? _____

PLEASE LIST THE MONTH AND YEAR OF LAST VISIT TO A
MENTAL HEALTH THERAPIST: ___/___

HAS THE PROPOSED INSURED SMOKED CIGARETTES IN
THE LAST 12 MONTHS?
 NO YES

DOES THE PROPOSED INSURED HAVE ANY OTHER MAJOR
HEALTH PROBLEMS?
 NO YES - GIVE DETAILS: _____

HAS EITHER PARENT OR ANY SIBLING DIED BEFORE AGE
65, OTHER THAN BY ACCIDENT?
 NO YES - GIVE DETAILS: _____

ADDITIONAL NOTES: _____

Please return via email at

PlusMarketing@pfins.com



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