MENTAL DISORDERS

(BIPOLAR DISORDER, SCHIZOPHRENIA, EATING DISORDERS, PANIC ATTACKS, PARANOIA, SUICIDE ATTEMPTS)

CLIENT NAME: ______________________________ **Date:** ________________

☐ Male ☐ Female Date of birth: __________ Height: _____' _____" Weight: __________

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: __________ ☐ Use now Type of nicotine product: __________

Type of Coverage: ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount: ________________ **Anticipated Premium:** ________________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Describe client's condition. Give the diagnosis.

____

____

2. Date of first symptoms? ______________________________

3. When did client last see doctor for this condition? ______________________________

4. Has client been hospitalized ☐ No ☐ Yes; (list all)

Date: ______________ ______________________________

Date: ______________ ______________________________

5. Is client currently employed? ☐ No ☐ Yes

6. Has condition interfered with work? ☐ No ☐ Yes, If so, how long? ______________________________

7. Is client disabled? ☐ No ☐ Yes; please give details

____

____

8. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

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FAMILY HISTORY (ADDENDUM)

CLIENT NAME: ____ **Date:** ________________

☐ Male ☐ Female Date of birth: __________ Height: _____’ _____” Weight: __________

1. Has the proposed insured had relative(s) with any of the following:

☐ Parent

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

☐ Brother

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

☐ Sister

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

2. If yes to any of the above, please provide details/information

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