PERSONALITY DISORDERS

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. Date of diagnosis? ______________________

1. Please note which type of personality disorder has been diagnosed:

☐ Antisocial ☐ Narcissistic
☐ Borderline ☐ Histrionic
☐ Paranoid ☐ Dependent
☐ Schizoid ☐ Obsessive/Compulsive
☐ Schizotypical ☐ Avoidant

3. Has client been hospitalized for a psychiatric illness? ☐ No ☐ Yes; please give dates and details

____

____

4. Does your client have any of the following associated conditions?

Substance abuse (alcohol or drugs): ☐ No ☐ Yes; please give details ______________________

Mood disorder (e.g., depression): ☐ No ☐ Yes; please give details ______________________

Suicidal thought/attempt: ☐ No ☐ Yes; please give details ______________________

Other psychiatric disorder: ☐ No ☐ Yes; please give details ______________________

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

(Accurate) Name of Medication	Dosage	Reason

6. 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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