

Mental/Nervous Disorder Questionnaire

SECTION I: AGENT INFORMATION

Full Name of Agent:

Agent's Phone Number

Agent's Fax Number

Agent's E-mail

SECTION II: CLIENT BACKGROUND INFORMATION

Client's Name

Date Of Birth:

Sex: Male Female

Smoker: Smoker Non-smoker

If history of smoking, date stopped?:

Occupation? (if not currently employed explain - ie:
disabled, Social Security Disability Workman's Comp., etc.)

Type of product:

Face amount requested?

Premium Range Desired? (If replacement, list current
premium and face amount)

Prior company action? (Name of company, rating, premium)

Type of medical impairment or other underwriting problem?

Date condition was first diagnosed?

Current height and weight? (If weight has changed in the last 12 months, please indicate)

Current blood pressure readings?

Name all medications currently being taken. Include dosage and frequency. (ie: 25mg. 2X per day)

Is client currently seeing a doctor for listed condition? Date of last visit?

Types and dates of surgery or hospital treatment?

Has any immediate relative (father, mother, sister, brother) died prior to age 60 of heart disease, diabetes complications, or cancer?

Any other medical history?

What type of problem was your client diagnosed with or suspected of having? (ie: depression, bipolar disorder, schizophrenia, paranoia, Alzheimer's)

Stage of disease? (mild, moderate, severe)

Did your client have home care or was he/she institutionalized? Please provide dates and details of treatment(s).

Has your client ever contemplated or attempted suicide? If "Yes," give date(s) and details.

Is your client able to care for him/herself?

If Alzheimer's patient, has client had any falls in the last 24 months? If "Yes," explain circumstances.