



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Manic Depression Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: __/__/____
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

DEFINITION: Alternating between attacks of mania (disordered mental state of extreme excitement) and depression. It may be unipolar, either mania or depression; or bipolar with swings from one to the other.

1. Date of diagnosis: _____ Diagnosis: _____

2. Hospitalized for Depression? Give dates and details: _____

3. Taking Drug Therapy? Give type and dosage: _____

4. Currently seeing a mental health therapists? [] Yes [] Not currently [] No
If yes or not currently, provide details of how often, how long, and date of the last visit:

5. During the last 12 months, missed work due to depression? If yes, give details:

6. Attempted suicide? [] Yes [] No If yes, provide details:

7. Currently receiving, or in the past received disability benefits due to depression?
