

MENTAL DISORDERS

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

CLIENT NAME:					Date:	
CLIENT NAME: Male Female Date of birth:	Heigl	nt:'"	Weight: _			
Tobacco Use: Never used						e product:
Type of Coverage: Term						
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 Amou	nt	Year	Issued		s 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?						
6. Has condition interfered with work? \Box No \Box Yes, If so, how long?						
7. Is client disabled?						
8. List all medications client is taking. (accurate name, dosage, and reason)						
(Accurate) Name of Medication		Dosage	Reason			
9. When was the last medication adju	istment made?					
Details						
10. Are there any other health problems? (additional questionnaires may be required) \Box No \Box Yes; please give details						