

Depression – Mental Illness Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

Have you ever been told that you had: (Circle those that apply) Depression Nervous Breakdown
Bipolar Disorder Obsessive-Compulsive Disorder Manic Depression Ever attempted Suicide?

Date of onset of condition, duration, severity? _____

Was it associated with any unusual circumstances? (Please explain) _____

If more than one episode, give frequency, duration, and date of last episode _____

Were you hospitalized for this? Y N If Yes, More than once? for how long? _____

Date of return to work _____ Any restrictions on activities? _____

Do you have Diabetes? Y N When Diagnosed? _____
If YES, what medication are you taking? _____

Do you have any Family History of Heart Disease or Diabetes? _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: cancer, etc)? _____

Additional comments _____

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

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