EMG
Insurance Brokerage
An Insurance Designers member since 1987

DEPRESSION QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐M ☐F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐UL ☐WL ☐Term ☐Survivorship

Do you currently smoke cigarettes? ☐Y ☐N If no, did you ever smoke: ☐Never ☐Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐Y ☐N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Date(s) of initial and subsequent episodes of depression: _____

(2) What specific type of depression has been diagnosed?

☐ Bipolar Disorder (mixed)
☐ Bipolar Disorder (manic)
☐ Bipolar Disorder (depressed)
☐ Dysthymia
☐ Major Depression
☐ Other: _____

(3) Has the proposed insured been hospitalized for the treatment of depression? If yes, date(s): _____

(4) Please advise of the medications used to treat the condition:

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(5) Has the proposed insured been treated with electric shock therapy (ECT)? If yes:

Date first ECT treatment: _____ Date most recent ECT treatment: _____ Total No. of ECT treatments: ____

(6) Has the proposed insured had (or been diagnosed with) any of the following conditions:

Alcohol abuse? If yes, date of last alcohol use: _____

Drug abuse? If yes, date of last drug use: _____

Personality Disorder? If yes, give date diagnosed & exact name of the condition: _____

Psychotic Disorder? If yes, give date diagnosed & exact name of the condition: _____

Suicidal thoughts? If yes, date of last such thought: _____

Suicide attempt(s)? If yes, date of last attempt: _____

(7) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

_____

_____