

The Thompson Agency of New England
Field Underwriting Questionnaire - Depression

Name: _____

Male Female DOB _____

Height Weight _____

Other Company(s) Action: _____

Rated Table _____

Postponed _____

Declined _____

1. What has Applicant been diagnosed as? Depression Manic Depressive (Bipolar) _____

2. Has applicant ever attempted suicide? Yes No _____

 If Yes: month/year _____

3. Has the applicant ever been hospitalized for depression? Yes No _____

 If Yes: month/year _____

4. Has the applicant lost work due to depression in the last 12 months? Yes No _____

5. Is applicant currently taking medication for depression? Yes No _____

 If Yes list medications _____

6. Is applicant currently seeing a mental health therapist? Yes No _____

 If Yes: often? _____

7. Please list month and year of last visit to a mental health therapist. month /year _____

8. Please list any other illness or injury. _____

9. Please list all other medications currently being taken. _____

10. Has either parent, brother(s), or sister(s) died before age 65, other than by accident? _____

 Yes No If Yes: list cause _____

Notes: _____

Agent: _____

Address: _____

Phone: _____

Fax: _____