

Life Scan Questionnaire for **DEPRESSION**

LIFE INSURANCE RISK EVALUATION AND MARKET SEARCH

For _____ [] Male [] Female

Date of Birth _____ Age _____ State _____

Height _____ Weight _____ [] Non Smoker [] Smoker

Have you ever used tobacco? [] Yes [] No If yes, state month and year of last use of any tobacco product: _____

Type of tobacco used: [] Cigarettes [] Cigars [] Chews [] Pipe
Amt\$ _____ Type: [] Whole Life or Universal [] Term

Last application for life insurance: Year _____ Company _____

Result: [] Preferred [] Standard [] Rated/Rating _____ [] Declined

1. What condition has the above named person been diagnosed as having?

- [] Depression
[] Manic Depressive (Bi-Polar)

2. Has the person named above ever attempted suicide or caused himself or herself bodily harm?

- [] Yes If Yes, list Month _____ Year _____
[] No

3. Has the person named above ever been hospitalized for depression?

- [] Yes If Yes, list Month _____ Year _____
[] No

4. Has the person named above lost work due to depression in the last 12 months?

- [] Yes
[] No

5. Is the person named above currently taking medication for depression?

- [] Yes, If Yes, please list medication below.
[] No

6. Is the person named above currently seeing a mental health therapist?

- [] Yes [] No

Please list month and year of last visit to a mental health therapist.
Month _____ Year _____

Life Factors

Date of last stress EKG

Month ____ Year ____ [] Never

Family History, has either parent or any sibling died before age 65?

[] Yes [] No If yes, please list cause and age.

Blood Pressure, with or without medication _____ / _____
List medication, if any

Result of last **Cholesterol** test, if known _____

List all **Other Illnesses** not listed on this page.

List all medications currently being used except those previously listed.
(name, dosage and times per day)

Agent Information

Name _____

Address _____

City _____

Phone _____ Zip _____ email _____

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.biz

Toll Free 877-224-0477 FAX 877-224-0477
info@lifeinsurancesolutions.biz