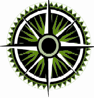

Oberlin Marketing

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# Life Insurance

## Depression Questionnaire

**Agent** ____________________

**Email** ____________________

**Phone** ( ) ________-____________

**Fax** ( ) ________-____________

**Client** ____________________

❑ **Male** ❑ **Female** **DOB** ____________

❑ **Non-Tobacco** ❑ **Tobacco**

❑ Never ❑ Cigarettes _____ per day

❑ Quit _______ ❑ Cigar _____ per week

❑ Pipe _____ per week

**State** __________ ❑ Chew _____ per week

**Height** __________

**Weight** __________ **U S Citizen** ❑ Yes ❑ No

**Death Benefit $** ____________________

**Plan** ❑ Term 5 10 15 20 25 30

❑ Universal Life ❑ Option 1 ❑ Option 2

❑ Whole Life ❑ Par ❑ Non-Par

❑ 2nd to Die

❑ Simplified

❑ Guaranteed

**Has client been** ❑ Rated ________ ❑ Declined

Company ____________________

1 **Age at diagnosis** ____________________

2 **What was the diagnosis**

❑ Depression

❑ Manic Depressive (Bipolar)

3 **Type**

❑ Situational ❑ Chronic

Reason ____________________

4 **Ever attempted suicide**

❑ Yes, date ____________ ❑ No

5 **Ever hospitalized for depression**

❑ Yes, date ____________ ❑ No

6 **Current meds and dosage for depression**

____________________

____________________

7 **Ever lost work due to depression**

❑ Yes, date ____________ ❑ No

8 **Disabled as a result of depression**

❑ Yes, date ____________ ❑ No

9 **Currently seeing mental health therapist**

❑ Yes ❑ No

Frequency ____________________

Date of last visit ____________________

10 **List any other illness or impairment in notes.**

Complete appropriate questionnaire if necessary.

**Blood Pressure** ____________ **Cholesterol** ____________

**Current meds, dosage & reason**

____________________

____________________

____________________

____________________

____________________

***Do any of these activities apply?***

❑ Aviation ❑ Racing

❑ Foreign Travel ❑ Scuba/Skin Diving

❑ Mountain Climbing ❑ Sky Diving

If yes, will need a questionnaire completed with details.

**Moving Violations or DUI last 5 yrs**

Date ____________ Type ____________

Date ____________ Type ____________

Date ____________ Type ____________

**Family History** - Cancer or Heart death or diagnosis in parents or siblings - who-what-when

____________________

____________________

____________________

____________________

**Notes:** ____________________

____________________

____________________

____________________

____________________

____________________

____________________ 05