

Proposed Insured's Name: _____

DOB: _____

Sex: M F

Tobacco Use: Yes No Amount: _____

Height: _____ Ft. In. Weight: _____

Broker's Name: _____

Face Amount: _____

BGA: _____

Phone: _____

Fax: _____

**MENTAL DISORDERS (DEPRESSION, ANXIETY, BI-POLAR DISORDER,
SCHIZOPHRENIA, EATING DISORDERS, PANIC ATTACKS,
PARANOIA, SUICIDE ATTEMPTS)**

1. Describe your condition. _____

Give the diagnosis, if known. _____

2. Date of first symptoms? _____

3. When did you last see your doctor for this condition? _____

4. Have you been hospitalized? _____ When (list all)?

5. Are you taking any medication? _____ Name of Rx?

6. Are you currently employed? _____

7. Have mental conditions interfered with your work? _____ If so, how
long? _____

8. Are you disabled? _____
Has case been shopped elsewhere? If so where _____