PERSONALITY DISORDERS

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnosis? _____

1. Please note which type of personality disorder has been diagnosed:

☐ Antisocial ☐ Narcissistic
☐ Borderline ☐ Histrionic
☐ Paranoid ☐ Dependent
☐ Schizoid ☐ Obsessive/Compulsive
☐ Schizotypical ☐ Avoidant

3. Has client been hospitalized for a psychiatric illness? ☐ No ☐ Yes; please give dates and details

_____

_____

4. Does your client have any of the following associated conditions?

Substance abuse (alcohol or drugs): ☐ No ☐ Yes; please give details _____
Mood disorder (e.g., depression): ☐ No ☐ Yes; please give details _____
Suicidal thought/attempt: ☐ No ☐ Yes; please give details _____
Other psychiatric disorder: ☐ No ☐ Yes; please give details _____

5. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

