

**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. List the diagnosis: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

2. Please indicate: Number of episodes: \_\_\_\_\_ Date of last episode: \_\_\_\_\_

3. Has client been hospitalized for psychiatric treatment?  No  Yes; please give dates and lengths of stay.

4. Does client have a history of any of the following associated conditions? Please check all that apply. (Additional questionnaires may be required)

Personality disorder

Psychotic disorder

Suicidal thoughts/attempt (current or past)

Substance use disorder (alcohol or drugs; current or past) (complete questionnaire)

Other psychiatric disorder \_\_\_\_\_

5. Is the client currently working?  No  Yes; please list occupation

6. Has any time been lost from work as a result of condition?  No  Yes; please give details

7. Has the client had any medication changes in the past 12 months? \_\_\_\_\_

8. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

9. Have any other treatments been tried in the past (e.g., ketamine, psychedelics, TMS, ECT, etc.)? Please provide details including dates: \_\_\_\_\_

10. Does client have any other health issues? (additional questionnaires may be required)  No  Yes; please give details