

**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 **Type of Coverage:**  Term  UL  Survivor

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

**FAMILY HISTORY**

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

- Date of diagnosis: \_\_\_\_\_
- Generalized anxiety disorder       Panic disorder  
 Obsessive compulsive disorder       Post-traumatic stress syndrome  
 Agoraphobia       Other anxiety disorder \_\_\_\_\_
- Indicate the number of episodes and date of last episode/recovery: \_\_\_\_\_
- Is client on any medications:  No  Yes; please provide name and dosage \_\_\_\_\_
- Has client been hospitalized or seen in the emergency room for treatment of anxiety or other psychiatric illness?  No  Yes, please give dates and lengths of stay. \_\_\_\_\_
- Does client have a history of any of the following associated conditions? (check all that apply)
  - Depression       Suicidal thought/attempt
  - Substance abuse (alcohol or drugs)       Other psychiatric disorder \_\_\_\_\_
- Is the client currently working?  No  Yes (occupation) \_\_\_\_\_
- Has any time been lost from work as a result of condition?  No  Yes; please give full details  
\_\_\_\_\_  
\_\_\_\_\_

9. Please list current medications (including aspirin), (accurate name, dosage, and reason):

(Accurate) Name of Medication	Dosage	Reason

- Are there any other health issues? (additional questionnaires may be required)  No  Yes; please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_