MADISON™ BROKERAGE
The Advisor's Advisor
ACRISURE® PARTNER

DEPRESSION QUESTIONNAIRE

Agent: _____ **Phone:** _____ **Fax:** _____

Proposed Insured Name: _____ (M or F): _____ Age: _____

Face Amount: _____ Max Premium $: _____ / year Type: (UL, WL, Term, or Survivorship) _____

Do you currently smoke cigarettes? (Y or N): _____ If no, did you ever smoke: (Y or N): _____ Quit date: _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum…):

If Yes, please provide details: _____

When did you last use any form of tobacco: (Month) _____ (Year) _____ Type used last: _____

(1) Date(s) of initial and subsequent episodes of depression: _____

(2) What specific type of depression has been diagnosed? Y or leave blank…

Bipolar Disorder (mixed) _____ Bipolar Disorder (manic) _____ Dysthymia _____ Major Depression _____ Other _____

(3) Has the proposed insured been hospitalized for the treatment of depression? If Yes, Dates Please _____

(4) Please advise of the medications used to treat the condition:

Name of Medication (Prescribed or OTC)	Dates Used	Quantity Taken	Frequency

(5) Has the proposed insured been treated with electric shock therapy (ECT)? If Yes…

Date first ECT treatment: _____ Date most recent ECT treatment: _____ Total No. of ECT treatments: _____

(6) Has the proposed insured had (or been diagnosed with) any of the following conditions:

Alcohol abuse? If yes, date of last alcohol use: _____

Drug abuse? If yes, date of last drug use: _____

Personality Disorder? If yes, give date diagnosed & exact name of the condition: _____

Psychotic Disorder? If yes, give date diagnosed & exact name of the condition: _____

Suicidal thoughts? If yes, date of last such thought: _____

Suicide attempt(s)? If yes, date of last attempt: _____

(7) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

_____

_____

_____

_____

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