



DEPRESSION QUESTIONNAIRE
Global Insurance Resources Group Inc.
 9744 WILSHIRE BOULEVARD SUITE 306, Beverly Hills, CA 90212
 PHONE (310) 550-3300 FAX (310) 550-3390

CLIENT: NAME _____ [] M [] F, DATE OF BIRTH _____

AGE _____ HT _____ WT _____ STATE _____

AMOUNT REQ. \$ _____ MAX. ANNUAL PREMIUM \$ _____

TYPE OF INSURANCE: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____

REPLACING? [] NO [] YES CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR: _____ COMPANY _____
 ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. CLIENT HAS BEEN DIAGNOSED AS:
 [] HAVING DEPRESSION
 [] BEING MANIC DEPRESSIVE (BIPOLAR)

7. CLIENTS MARITAL STATUS:
 [] MARRIED [] SINGLE [] DIVORCED []
 WIDOWED

2. HAS THE CLIENT EVER ATTEMPTED SUICIDE?
 [] NO [] YES, PLEASE DETAIL
 MONTH _____ YEAR _____

8. IS THE CLIENT CURRENTLY RECEIVING. OR IN THE PAST RECEIVED, DISABILITY BENEFITS DUE TO DEPRESSION OR OTHER DEPRESSION?

MONTH _____ YEAR _____

[] NO [] YES, PLEASE DETAIL START AND END DATES:

3. HAS THE CLIENT EVER BEEN HOSPITALIZED FOR DEPRESSION?
 [] NO [] YES, PLEASE DETAIL
 MONTH _____ YEAR _____

START:
 MONTH _____ YEAR _____

MONTH _____ YEAR _____

END:
 MONTH _____ YEAR _____

4. DURING THE PAST 12 MONTHS, HAS THE CLIENT MISSED WORK DUE TO DEPRESSION?
 [] NO [] YES, PLEASE DETAIL AND LIST NUMBER OF OCCASIONS AND AMOUNT OF TIME MISSED:

[] IS STILL GETTING BENEFITS

9. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?
 [] NO [] YES, PLEASE DETAIL

5. IS THE CLIENT CURRENTLY TAKING

MEDICATION FOR DEPRESSION?

6. IS THE CLIENT CURRENTLY SEEING OR HAS SEEN A MENTAL HEALTH THERAPIST?
 YES NOT CURRENTLY NO

**IF YES, OR NOT CURRENTLY, PLEASE
DETAIL HOW OFTEN, FOR HOW LONG, AND
THE DATE OF THE LAST VISIT:**

10. CLIENT'S OCCUPATION _____

11. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?
 NO YES, PLEASE DETAIL _____

12. PLEASE LIST ANY OTHER IMPAIRMENTS OR ILLNESSES; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:
