



Anxiety Questionnaire

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Producer _____ Phone _____

Client _____ Age/DOB _____ Gender _____

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Has the client had suicidal thoughts or ideations?	
Has the client been hospitalized due to anxiety? If so, provide date(s):	
Does the client have a history of substance abuse (alcohol or drugs)?	
Has the client needed to take time off work? Is he/she functioning in society?	
Medication(s) being taken (provide dosage and frequency):	
Is the client compliant with their medication?	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	
Other information:	

Please fax completed form to **949.455.0113** for your preliminary underwriting quote. Please remember that all quotes are tentative and are NOT BINDING and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process itself.