FPG
FINANCIAL PROFESSIONALS GROUP

Depression Questionnaire

Clear Form

Name DOB Gender Male

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Is the depression Chronic or Situational in nature:	
Please indicate date(s) and episode(s) involved:	
Medications being taken (provide dosage and frequency):	
Is the client compliant with their medication?	
Does the client have a history of substance abuse (alcohol or drugs)?	
Has the client been hospitalized, required ECT, been to the E.R., or been on disability for psychiatric symptoms or treatment?	
Has there ever been a suicide attempt due to depression?	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	
Other information:	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.