

Depression/Anxiety

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Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

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

What specific type(s) of depression has been diagnosed

- Bipolar disorder (mixed) Dysthymia Anxiety
 Bipolar disorder (manic) Major depression Situational depression
 Bipolar disorder (depressed) Other _____

What medications are used to treat the condition

Type	Usual Quantity	Frequency of Use	How Taken	Dates: From - To

Has the client ever been hospitalized or gone to the Emergency Room for any depression/anxiety symptoms Yes No Date(s) _____

Has the client been treated with electric shock therapy (ECT) Yes No If yes, total number of ECT treatments _____

Date of first ECT treatment _____ Date of most recent ECT treatment _____

Has the client had (or been diagnosed with) any of the following conditions

- Alcohol / Drug abuse - Date of last use _____
 Anorexia / Bulimia nervosa - Date diagnosed _____
 Personality / Psychotic disorder - Date diagnosed and exact name of condition _____
 Suicidal thoughts / attempts - Date of last such thought / attempt _____

The client is: Working On disability

List any other major health problems the client has: