



DEPRESSION AND ANXIETY DISORDERS  
PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height:

Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has a history of mood or anxiety disorder, please answer the following:

MENTAL HISTORY

- 1. Please provide the diagnosis:
- 2. Please indicate date(s) of episode(s):
- 3. Does your client have a history of substance abuse (alcohol or drugs)? Yes No  
*If yes, please give details:*
- 4. Has your client been hospitalized, required ECT, been seen in the emergency room, or been on disability for psychiatric symptoms or treatment? Yes No  
*If yes, please give details:*

CURRENT STATE

- 5. Please list current medications and give details:
- 6. Has your client smoked cigarettes in the last 12 months? Yes No
- 7. Does your client have any other major health problems (ex: cancer, etc.)? Yes No  
*If yes, please give details:*

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:  
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