

DEPRESSION

AGENT NAME: _____

CLIENT NAME: _____ Date: _____

1. List the diagnosis: _____

2. Please indicate: Number of episodes: _____ Date of last episode: _____

3. Has client been hospitalized for psychiatric treatment? No Yes; please give dates and lengths of stay.

4. Does client have a history of any of the following associated conditions? Please check all that apply. (Additional questionnaires may be required)

- Personality disorder
- Psychotic disorder
- Suicidal thought/attempt
- Substance abuse (alcohol or drugs) (complete questionnaire)
- Other psychiatric disorder _____

5. Is the client currently working? No Yes; please list occupation

6. Has any time been lost from work as a result of condition? No Yes; please give details

7. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

8. Does client have any other health issues? (additional questionnaires may be required) No Yes; please give details

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