

**National Brokerage Agency, Inc.
Anxiety/Depression Questionnaire**

Name: _____ Face Amount: _____ Date of Birth: _____

Sex: _____ Height: _____ Weight: _____ Smoker: Y _____ N _____

Broker's Name: _____ Phone: _____ Fax: _____

Broker's Address: _____

1. What is the exact diagnosis? _____

2. What is the date of diagnosis? _____

3. What is the cause, if any? _____

4. How is the disorder classified? (mild, moderate, severe) _____

5. If you are on medication, provide medication name, dosage and frequency:

<i>Name of Medication</i>	<i>Dosage (mg)</i>	<i>Frequency (x per day)</i>

6. Describe any additional treatment received and dates: _____

7. Have you ever been hospitalized for this diagnosis? If so, provide details: _____

8. Have you ever had suicidal thoughts, ideations or attempts? _____

9. Are you currently employed? _____

10. Are you living a normal lifestyle? If so, for how long? _____

11. What is the current status of your condition? _____

12. Comments: _____

Date form completed _____