

MENTAL HEALTH QUESTIONNAIRE

Please answer all questions pertaining to the person for which the condition applies. If you need assistance in completing this form, please contact your physician. If you need more space, please turn this sheet over and continue.

Name of primary applicant: _____ ID/SSN: _____

Name of person treated / relationship to applicant: _____

1. Clinical name (definitive diagnosis) of condition (if known): _____

Have you been diagnosed with: ___ Depression ___ Anxiety ___ Obsessive Compulsive Disorder
___ Manic/Major Depression ___ Panic Disorder ___ Schizophrenia ___ Bipolar Disorder

2. Did you seek treatment from a psychologist, psychiatrist, physician, LSW or other type of counselor?
___ yes ___ no. If yes, date of treatment: _____

Frequency of treatment: _____

3. If treatment has ended, provide date of last visit _____ Was medication prescribed? ___ yes ___ no
If yes, list your medication(s):

Name of Medication	Dosage	Frequency

4. Are you still on medication? ___ yes ___ no. If no, when was medication discontinued? _____
If yes, list your medication(s):

Name of Medication	Dosage	Frequency

5. Have you been hospitalized for this, or a similar condition? ___ yes ___ no. If yes, provide complete details regarding date(s) of hospitalization and duration of stay: _____

Name of Hospital	Address	Dates of hospitalization

6. If this was a "situational" depression, please explain cause: _____

7. Have you ever attempted or contemplated suicide? ___ yes ___ no. If yes, please provide details: _____

8. Name and address of treating physician: _____

Name of Physician	Address	Telephone Number

Date last seen: _____

It is understood and agreed that the foregoing answers are true and shall be an attachment to my application for insurance and shall be the basis for the issuance of the Membership Certificate applied for, and that the omission or misstatement of any material information in answer to the foregoing questions shall void the membership certificate.

Signature of person treated (or parent / guardian if under 18)	Date