

Cenco Insurance Marketing Corporation  
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## Questionnaire For: Manic Depression

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Male ( ) Female ( ) Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker ( ) Non Smoker ( )  
Amount of Coverage \$ \_\_\_\_\_ Product Type \_\_\_\_\_

DEFINITION: Alternating between attacks of mania (disordered mental state of extreme excitement) and depression. It may be unipolar, either mania or depression; or bipolar with swings from one to the other.

1. Date of diagnosis: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
2. Hospitalized for Depression? Give dates and details: \_\_\_\_\_  
\_\_\_\_\_
3. Taking Drug Therapy? Give type and dosage: \_\_\_\_\_  
\_\_\_\_\_
4. Currently seeing a mental health therapists?  Yes  Not currently  No  
If yes or not currently, provide details of how often, how long, and date of the last visit:  
\_\_\_\_\_  
\_\_\_\_\_
5. During the last 12 months, missed work due to depression? If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_
6. Attempted suicide?  Yes  No If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_
7. Currently receiving, or in the past received disability benefits due to depression?  
\_\_\_\_\_