



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Depression Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

DEPRESSION INFORMATION

1. Describe your condition. _____

2. Give the diagnosis, if known. _____

3. Date of first symptoms: _____

4. When did you last see the doctor for this condition? _____

5. Have you been hospitalized?

a. Yes No

b. If yes, when (list all)? _____

6. Are you taking any medication:

a. Yes No

b. Name of RX? _____

7. Are you employed? Yes No

8. Have mental conditions interfered with your work?

a. Yes No

b. If so, how long? _____

9. Are you disabled? Yes No

10. Additional Comments? _____

