Nervous Disorders **Questionnaire**

APA5110



Includes anxiety, stress, depression, eating disorders, panic disorder, bipolar disorder, Post Traumatic Stress Disorder

Prop	osed Insured (Last, First, Middle Initial) (please print)	Birthdate (mo/day/ye	ar) Policy Nu	ımber
1.	What is your diagnosis and the date of onset?			
2.	Medication Name D	Dates Used Dosing/Frequency		
	Any changes in the past 6 months? Yes No			
3.	Have you ever (check all that apply):			
	☐ seen a psychiatrist ☐ had treatment as If Yes, please provide full details including date(s) an	s an outpatient at a hosp d name of psychiatrist or		an inpatient at a hospital or clinic
4.	Please provide details of any time off work due to your condition. Include date and duration of each absence.			
5.	How often do you have symptoms? ☐ Daily If None, date of last symptoms?	□ Weekly □ M	onthly ☐ Other	
6.	Have there been any suicidal thoughts or suicide atte			
7.	Have you ever filed for or received disability or Worke			
intent inforn	to defraud any insurance company or other personation or conceals, for the purpose of misleading, info and subjects such person to criminal and civil penaltie	n files an application for rmation concerning any f	insurance or statement of cla	aim containing any materially false
	esent to Americo Financial Life and Annuity Insurance ledge and belief. I agree that the above answers shall f			
Dated	l at	this	day of	·
Witne	ess	Propo	osed Insured	