National Life Group®

National Life Insurance Company®
Life Insurance Company of the Southwest®

Psychiatric Questionnaire

Name *(please print)*: Date of Birth: Policy #: Date Completed:

1. What sort of psychiatric disorder have you been diagnosed with? *(check all that apply)*
   - ☐ Anxiety or GAD *(Generalized Anxiety Disorder)*
   - ☐ Adjustment Disorder
   - ☐ Major Depressive Disorder
   - ☐ Mood Disorder
   - ☐ Psychosis
   - ☐ Schizophrenia or Schizoaffective disorder
   - ☐ Situational Depression
   - ☐ Other: _____
2. Date(s) you were diagnosed with each: _____
3. What Medication(s) are you currently taking and dosage(s)?

_____

_____

4a. Do your current medication(s) control your symptoms? ☐ No ☐ Yes

4b. If you currently experience symptoms, please describe them and their frequency:

_____

_____

5. Please check all that apply as related to your psychiatric condition. Provide dates:
   - ☐ Time off work or School Date(s) _____
   - ☐ Attempted Suicide Date(s) _____
   - ☐ Suicidal thoughts Date(s) _____
   - ☐ Arrested Date(s) _____
   - ☐ Disability benefits Date(s) _____
   - ☐ Drugs or alcohol to cope Date(s) _____
6. What medication(s) have you used in the last 3 years but are no longer taking?

_____

_____

7. What other treatment(s) have you had? *(check all that apply)*
   - ☐ Psychotherapy Dates to/from:_____
   - ☐ Counseling Dates to/from:_____
   - ☐ Hospitalization Dates to/from:_____
   - ☐ Substance Abuse Dates to/from:_____
8. Name, address & phone number of your treating physician and the date last seen:

_____

_____

Proposed Insured Signature:_____ Date: _____

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