INSURANCE DESIGNERS

Anxiety/Depression Questionnaire

Insurance Designers of Central Texas, LLC
12466 Los Indios Trail #100 Austin, TX 78729
Phone 512-257-9700 FAX 512-257-9701

Today's Date: **Agent:**

Full Name: **Male or Female?**

Height and weight: **Date of Birth:**

1. **Month and year diagnosed:_____ Age at diagnosis:_____**

2. **What were you diagnosed with?**
   ___ Generalized anxiety disorder
   ___ Mild depression
   ___ Major depression
   ___ Bipolar Disorder (I or II circle)
   ___ Panic disorder
   ___ Post-traumatic stress syndrome
   ___ Obsessive compulsive disorder
   ___ Other:_____

3. **Indicate the number of episodes since diagnosed, and the most recent (month and year):**

4. **Have you ever been hospitalized or seen in the emergency room for treatment of any of the above? ___ Yes ___ No**
   If yes, give dates and length of stay:

5. **Are you currently working? ___ Yes ___ No**
   ___ Full time / Occupation: _____
   ___ Part time / Occupation: _____

6. **Have you ever lost time from work as a result of condition? ___ Yes ___ No**
   If yes, give details and length of time.

7. **What medication do you take, reason, dosage and how often?**

8. **Do you currently see a counselor/psychologist? ___ Yes ___ No**
   If yes, how often?

9. **Do you currently see a psychiatrist? ___ Yes ___ No**
   If yes, how often?

10. **Do you have any history of substance or alcohol abuse? ___ Yes ___ No**
    If Yes, give details.

11. **Have you ever had any suicidal thoughts? ___ Yes ___ No**
    If yes, give details.

12. **Has your weight remained stable in the past year? ___Yes ___ No**
    If no: Lost _____ pounds OR Gained _____ pounds

13. **Please indicate type of tobacco EVER used:**

Type:	Amount per (circle frequency):	Date last used:	Still use?
___Smokeless	___daily/monthly/yearly	_____	__Yes __ No
___Cigarettes	___per day/month/year	_____	__Yes __ No
___Cigar	___per day/month/year	_____	__Yes __ No
___Patch/Gum	___per day/month/year	_____	__Yes __ No

14. **Please list anything you wish to add that you feel is important.**