

# Mental health conditions questionnaire - Applicant

(Includes anxiety, stress, depression, somatoform and personality disorders.)

Full name:

Application number:

1. From which mental health condition(s) do/did you suffer? Where possible, please give the medical term as diagnosed by your treating health professional.

2. If you have not been given a precise diagnosis/diagnoses, what are/were your symptoms?

3. When did you first consult a doctor about this/these condition(s) or symptoms?

4. When did you last consult a doctor about this/these condition(s) or symptoms?

5. How many times have you seen your doctor, for any reason, in the last 12 months?

6. Are you now fully recovered?

Yes  No

i. If YES, please advise since when.

ii. If NO, please provide full details of any residual symptoms.

7. Has there been more than one episode?

Yes  No

i. If YES, please comment on date and duration of each episode.

8. Are you aware of any factor or situation which triggers or exacerbates your symptoms?

Yes  No

i. If YES, please provide details.

9. Please provide details of your treatment. Include names of medication, dosage and how often taken:

i. Currently

ii. In the past

10. Have you ever required electroconvulsive therapy (ECT)?

Yes  No

i. If YES, please provide date(s) and details.

11. Have you ever seen a psychiatrist/specialist or had treatment as a hospital outpatient?

Yes  No

i. If YES, please provide full details including date(s) and name of psychiatrist or hospital.

12. Have you ever been an in-patient at a hospital or clinic?

Yes  No

i. If YES, please provide full details including date(s) and name of hospital or clinic.

13. Please provide details of any time off work due to your condition(s). Include date and duration of each absence.

14. Have you ever had any suicidal thoughts or attempted suicide?

Yes  No

i. If YES, please provide full details including the date when this occurred and any follow-up treatment.

15. Please provide any additional information on your condition which you feel will be helpful in processing your application (i.e. history of alcohol or drug abuse, co-existing physical illness, current weight and/or behavioural issues).

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date