

BiPolar Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M F

Tobacco Usage: _____ Face Amount: _____
_____Term 10 15 20 30 _____UL

1. When was the proposed insured first diagnosed?

2. Does the proposed insured experience any of the following? (check all that apply)
 Euphoria Inflated self-esteem
 Racing thoughts. Not needing as much sleep as usual
 Talking more than usual. Being more active than usual.
 Easily distracted Impulsive behavior
3. Has the proposed insured ever been hospitalized as a result of this condition?

4. Has the proposed insured ever been disabled as a result of this condition? If so, what is their monthly disability income?

5. How is the proposed insured being treated for this condition?
 - A. Medication. Please provide name, dosage and frequency:

 - B. Therapy. If yes, please provide frequency of visits:

 - C. Other. Please describe:

6. Have there every been suicide attempts in relation to this condition?

