



Preliminary Risk Evaluation – Depression

Proposed Insured Name: _____

Please submit this form with the Preliminary Risk Evaluation Questionnaire

Depression:

When was depression diagnosed: _____

Rate the degree of the depression (Circle one): Mild / Moderate / Severe

Have you ever been hospitalized for depression: Yes / No

If yes, advise dates of hospitalization: _____

Are you currently being treated for depression: Yes / No

List all medications prescribed for depression: _____

Is the depression being treated with Psychotherapy: Yes / No

Have you missed work/school or been disabled due to depression: Yes / No

If yes, please advise details, to also include number of days missed: _____

Is there a history of suicide attempts: Yes / No

If yes, please advise details, to also include the date(s) of attempts: _____

Please advise any additional data regarding the depression history: _____

