AGENTS INSURANCE SERVICES of AMERICA, Inc.
Email: to UndSolutions@cs.com or Fax to: (760) 435 9703
Telephone: (760) 435 9702

Anxiety Questionnaire

Name [] Male [] Female Age Date of Birth

Tobacco Use [] No [] Cigarettes [] Other tobacco Date quit?

State Amount of Insurance Type of Insurance

Occupation/Source of income:

1. List Diagnosis: [] generalized anxiety disorder [] panic disorder [] obsessive compulsive [] agoraphobia [] post-traumatic stress syndrome

2. Date diagnosed:

3. List number of episodes and date of last episode:

4. Have you been hospitalized or seen in an emergency room for treatment of anxiety or other psychiatric illness? [] No [] Yes, give details:

5. List all medications currently being taken for anxiety:

6. Have you had any of the following? If so, please give dates and details:

Depression [] No [] Yes:

Suicide Ideation or Thoughts [] No [] Yes:

Suicide Attempt [] No [] Yes:

Substance Abuse [] No [] Yes:

Personality Disorder or Psychotic Disorder [] No [] Yes:

General Questions:
1. Do you have any other major health problems? [] No [] Yes – Details:

2. List all medications:

3. Height: Weight: Most recent blood pressure reading:

Agent Name:

Address: **City:** **State:** **Zip:**

Phone: **Fax:** **Email:**

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance

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