

# Psychiatric/mental health questionnaire



Policy no.
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Evidence no. (For H.O. use only) E #
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Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy) - -
Advisor's first name	Middle initial	Last name	Advisor's no.

1. Specific diagnosis or condition:

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2. a) In the last 3 years, has this condition prevented you from working?  Yes  No  
 b) In the last 3 years, has this condition prevented you from performing regular activities at home?  Yes  No  
 c) In the last 3 years, has this condition prevented you from performing social activities?  Yes  No

d) If 'yes', when? 

Date of arrival (dd-mm-yyyy) - -
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 e) How long?  1-6 days  1-3 weeks  1-3 months  Other: \_\_\_\_\_

3. a) In the last 5 years, have you been hospitalized for this condition?  Yes  No

b) If 'yes', when? 

Date of arrival (dd-mm-yyyy) - -
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 c) How long?  1-6 days  1-3 weeks  1-3 months  Other \_\_\_\_\_

First name of doctor with complete records	Last name	Date last seen (dd-mm-yyyy) - -
Address (street number and name)	Apartment or suite	City
	Province	Country
		Postal code

4. a) Was medication prescribed?  Yes  No If 'yes', give details.

Medication	From (dd-mm-yyyy) - -	To (dd-mm-yyyy) - -
	- -	- -

b) In the last 2 years, have there been any changes in your treatment?  Yes  No

Previous treatments? 

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5. a) Have you ever used drugs or narcotics not prescribed by a physician?  Yes  No

Type(s)	Dates (dd-mm-yyyy)

b) Indicate average number of alcoholic drinks per week: 

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**Declaration:** I declare that the answers and statements to all of the questions are complete and true and shall form part of my application for insurance on my life with the Sun Life Assurance Company of Canada (company). I understand that if I do not completely and truthfully answer all of the questions (if I misrepresent my answers or statements) the company may void the policy.

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) - -	Signature of proposed insured X
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