

# **MENTAL HEALTH QUESTIONNAIRE**

## **CONFIDENTIAL**

To be completed in English by the Medical Attendant of the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

The life assured has given a history of mental health problems and we would appreciate your answers to the following questions.

1. Please state the diagnosis of the disorder.

2. What was the date of onset, or dates if more than one episode?

3. What were the presenting symptoms?

4. What is the current mental state?

5. Was there any identifiable cause of the illness?

Yes  No If Yes, please give details below.

6. Has the patient ever exhibited suicidal tendencies?

Yes  No If Yes, please give details below.

7. Please give details of any treatment - including medication, counselling, psychotherapy, Cognitive Behaviour Therapy etc.

a) Currently

b) In the past

8. Has your patient ever been referred to a specialist?

Yes  No If Yes, please provide full details including dates.

10. Has in-patient therapy or ECT ever been necessary?

Yes  No If Yes, please give details including number, dates and duration of treatments and confirm the details of the hospitals/clinics where such therapy took place.

11. Are there any other relevant features? e.g. family history of mental illness, criticism of habits etc.

Yes  No If Yes, please give details below.

Medical Attendant's full name (please print)

Qualifications

Signature of Medical Attendant

Date (dd/mm/yyyy)

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