BMO Insurance

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BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
1-877-742-5244 • 416-596-4143 Fax

DEPRESSION/MENTAL/NERVOUS QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Date of first indication of: Fatigue dd/mm/yyyy Depression dd/mm/yyyy Suicidal Thoughts dd/mm/yyyy
   Insomnia dd/mm/yyyy Weight Loss dd/mm/yyyy Nervousness dd/mm/yyyy
   What did you think the cause was? _____
2. Name and address of current doctor for the above:
   _____
3. Date you first consulted for the above and what was doctor's diagnosis?
   _____
4. Detail any treatment, medications and dosage doctor has prescribed:
   _____
5. Are symptoms: ☐ Abated ☐ Similar ☐ More Severe
6. Are you still under treatment and/or on medication? ☐ Yes ☐ No
7. Date of last visit to above doctor and how often do you see him/her? _____
8. Have you been hospitalized or recommended to be hospitalized or had any tests? ☐ Yes ☐ No
   If yes, please give names, dates, addresses and recommendations:
   _____
   _____
9. Have you ever had time off work due to above problems? ☐ Yes ☐ No If yes, length of times and dates:
   _____
10. What is your average alcohol, wine, beer consumption per week?
    _____
11. Have you ever used drugs other than prescribed by a physician? ☐ Yes ☐ No

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured