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# EATING DISORDERS

**CLIENT NAME:** _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

**Tobacco Use:** ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

**Type of Coverage:** ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

**Coverage Amount:** _____ **Anticipated Premium:** _____

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

***If yes, use separate sheet to provide this information, including age of onset and date of death***

| PROPOSED INSURED'S EXISTING INSURANCE | | | |
|---|---|---|---|
| Full Name of Company | Face Amount | Year Issued | Is Policy to be Replaced? |
| | | | |
| | | | |

1. Please give the diagnosis: ☐ Anorexia nervosa ☐ Bulimia nervosa

2. Please indicate the number of episodes and date of last episode/recovery:

3. Please note client's current _____height _____weight

4. Has weight remained stable for at least 1 year? ☐ No ☐ Yes; please give details

_____

_____

5. Has client been hospitalized for treatment of an eating disorder? ☐ No ☐ Yes; please give details

_____

_____

6. Does client have a history of any of the following associated conditions? (Please check all that apply.)

☐ Substance abuse (alcohol or drugs) Personality disorder

☐ Psychotic disorder Suicidal thought/attempt

☐ Depression Anxiety disorder

7. Is client on any medications? (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|---|---|---|
| | | |
| | | |
| | | |

11. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

 

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# FAMILY HISTORY (ADDENDUM)

**CLIENT NAME:** _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

1. Has the proposed insured had relative(s) with any of the following:

☐ Parent

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

☐ Brother

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

☐ Sister

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information

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