

MENTAL HEALTH QUESTIONNAIRE (complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Clinical name (definitive diagnosis) of condition: _____

Have you been diagnosed with: _____ Depression _____ Anxiety _____ Panic Disorder
_____ Schizophrenia _____ Obsessive Compulsive Disorder _____ Bipolar Disorder
_____ Manic Depression

2. Did you seek treatment from a psychologist, psychiatrist, physician, LSW or other type of counselor?
Yes ___ No ___. If yes, circle which one was seen and give date(s) of treatment: _____

Frequency of treatment: _____

If treatment has ended, provide date of last visit: _____

3. Was medication prescribed? Yes _____ No ___

Name of Medication:	Dosage:	Frequency (i.e., daily, weekly)
_____	_____	_____
_____	_____	_____

4. Are you still on medication? Yes _____ No ___. If no, when was medication discontinued? _____

If yes,

Name of Medication:	Dosage:	Frequency (i.e., daily, weekly)
_____	_____	_____
_____	_____	_____

5. Have you been hospitalized for this, or a similar condition? Yes _____ No ___ If yes, provide complete details regarding date(s) of hospitalization, duration of stay and name of facility: _____

6. If this was a "situational" depression, please explain cause: _____

7. Have you ever attempted or contemplated suicide? Yes _____ No ___. If yes, please provide details: _____

8. Any other comments? _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date

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