



# 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 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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