Trustmark Insurance Company Medical Questionnaire
PO Box 7930, Lake Forest, IL. 60045
Phone (800) 229-4543 Fax (847) 615-4954

Medical Care Questionnaire

May be used for one of the following conditions: depression, anxiety, panic, and/or bi-polar.

Proposed Insured: Birthdate:
Address: Employee:
Employer:
Home Phone: Cert.#:

1. Name, address and phone number of your doctor:_____

_____

2. Date last seen prior to **application sign date:** _____
3. Current height and weight: _____
4. List all medications you are currently taking: _____

_____

5. List all conditions for which you are currently seeing a doctor:_____
6. Please give the complete medical diagnosis for your condition as well as cause: _____

_____

7. What type of treatment are you receiving (counseling, medication, etc): _____

_____

8. Have you been hospitalized for your condition? If so, please list the dates. _____

_____

9. What is the severity of your condition? _____
10. How long has your condition been under effective control? _____

_____ _____
Signature of Proposed Insured Date

DUE DATE: