

Psychiatric Questionnaire

Principal Life Insurance Company

711 High Street, Des Moines, IA 50392

Call: 800-422-3788

Fax: 866-317-4526

Email: IndividualDisabilityClaims@exchange.principal.com



Patient Name

Date of Birth MM/DD/YYYY

Policy Number(s)

Date of initial visit: _____

What was the patient's chief complaint/symptoms at the initial visit with you? _____

When did these symptoms first appear? _____

Please check symptoms present at the most recent visit of _____
MM/DD/YYYY

☐ Anxiety

☐ Somatic pre-occupation

☐ Fearfulness

☐ Anger

☐ Gloomy thought

☐ Flat affect

☐ Suicidal ideation

☐ Mood swings

☐ Social withdrawal

☐ Change in daily activities

☐ Tearfulness

☐ Other symptoms not listed: _____

Dates of all visits: _____

Dates of any hospitalizations & name of hospital: _____

What stressful events occurred in the patient's life about the same time as the onset of the symptoms, whether or not they seem to be causally related.

What role do you feel that alcohol and/or other drugs have played in this problem?

☐ None

☐ Minimal

☐ Moderate

☐ Substantial

Patient Name	Date of Birth MM/DD/YYYY	
Policy Number(s)		
Please list patient's current medications, response and compliance.		
Drug	Response	Compliance

What other treatment, including medical, is the patient receiving?

Type of Treatment	Frequency	By Whom?	Professional Qualifications

Is the frequency of treatment sufficient? ☐ Yes ☐ No

Please describe the findings on the patient's mental status examination at the most recent visit.

a. Appearance _____

b. Manner of Speech _____

c. Perceptual Abnormalities _____

d. Mood _____

e. Affect _____

f. Thought content _____

g. Intelligence _____

h. Insight _____

i. Motivation for Change _____

Axis I (Mental disorder): _____

Axis II (Personality Disorder): _____

Axis III (Medical Disorder): _____

Axis IV (Psychosocial and Environmental stressors): _____

Patient Name _____	Date of Birth MM/DD/YYYY _____
Policy Number(s) _____	
List all ICD-10 Diagnosis Code(s): _____	
Are there any unusual circumstances that are contributing to the patient's condition or delaying his/her recovery?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
_____ _____ _____	
Being as specific and objective as possible, please list all of the patient's functional limitations in each area.	
Physical:	_____
Work:	_____
Family:	_____
Social:	_____
On what date did you advise the patient to restrict his/her work activities? _____	
If you did not restrict the patient's work activities, do you feel the patient is currently capable of performing his/her regular occupation or any other occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain the specific restrictions and limitations. _____	
_____ _____ _____	
When will the patient be able to return to work:	
Part-Time? _____ Full-Time? _____	
Please describe any additional treatment that may be helpful or is being considered.	
_____ _____ _____ _____	
Do you believe the patient is competent to endorse checks and direct the use of the proceeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Whether you are a New York resident or not, please sign and date below. If you are a resident of another state, please see the attached list of state specific fraud statements.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim contacting any materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Physician's name (print): _____ Degree: _____ Specialty: _____

Address: _____

Phone: _____ Fax: _____

Physician's signature: _____ Date: _____

FRAUD STATEMENTS

Non- State Specific Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company, files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona

For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in New Hampshire law.

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

North Carolina

Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant:

1. Presents or causes to be presented a written or oral statement, including computer-generated documents as part of, in support of, or in opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information concerning any fact or matter material to the claim, or
2. Assists, abets, solicits, or conspires with another person to prepare or make any written or oral statement that is intended to be presented to an insurer or insurance claimant in connection with, in support of, or in opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information concerning a fact or matter material to the claim is guilty of a Class H felony.

Ohio

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement **is** guilty of insurance fraud.

Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an Insurer, submits and application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Texas

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.