
Mental Health Questionnaire

to be completed by the medical attendant

Full name of applicant

1 What was the diagnosis of the illness?

2 a) What was the date of onset – or dates if more than one episode?

b) What were the presenting symptoms?

c) What is the current mental state?

d) Did the illness develop as a reaction to particular circumstances?

If yes, please outline those circumstances

e) Have there been suicidal tendencies or actual suicide attempts

If yes, please give full details with dates

Full Names of Medical Attendant

Stamp & Signature

Date
