

MEDICAL HISTORY QUESTIONNAIRE: ALCOHOL USAGE

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Coverage Information:

Never

Type: Term UL IUL

Former Date Stopped: _____

WL VUL Survivorship

Current Type: _____

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Does client presently consume alcoholic beverages? No Yes; Please give details:

Beer: Quantity _____ oz per Day Week Month (select one)

Wine: Quantity _____ oz per Day Week Month (select one)

Liquor: Quantity _____ oz per Day Week Month (select one)

2. At anytime, did the client drink more than as stated above in Q1? No Yes

* If Yes, please provide time period, quantity and reason for change _____

3. Date of initial treatment/diagnosis: _____

4. Were there any relapses from sobriety/abstinence? No Yes; Please list dates: _____

5. Were there any legal problems (such as DUI) or other? No Yes; Please give details: _____

6. Have there been physical complications or additional psychiatric problems? No Yes; Please give details: _____

7. Is client an active member of a recovery group? (AA) No Yes; How long? _____

8. What is client's Occupation: _____

Length of Employment: _____

9. Please list current medications:

Name of Medication	Dosage	Reason

10. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____