ALCOHOL USAGE

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Does client presently consume alcoholic beverages? ☐ No ☐ Yes, If yes, please list

☐ 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. What was the date of initial treatment or diagnosis related to substance use? _____ / _____ / _____

3. Have there been times of return to use (i.e., relapse) after sobriety/abstinence has been achieved? ☐ No ☐ Yes; please provide details and dates

_____

_____

_____

4. Were there any legal problems (such as DUI) or other? ☐ No ☐ Yes; please provide details and dates

_____

_____

_____

5. Have there been physical complications or additional psychiatric problems? ☐ No ☐ Yes; please provide details and dates, **including use of other substances such as marijuana, cocaine, opioids, etc.:**

_____

_____

_____

6. Does client currently participate in a group such as Alcoholics Anonymous? ☐ No ☐ Yes

7. Please list current medications (accurate name, dosage, and reason):

(Accurate) Name of Medication	Dosage	Reason

8. What is client's: Marital status: _____ Length of employment: _____

Occupation: _____

9. Are there any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

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