

MEDICAL HISTORY QUESTIONNAIRE: ALCOHOL USAGE

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

Coverage Information:

Never
 Former Date Stopped: _____
 Current Type: _____

Type: Term UL IUL
 WL VUL Survivorship

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. Date of initial treatment/diagnosis: _____

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

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

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

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

7. What is client's Occupation: _____

Length of Employment: _____

8. Please list current medications:

Name of Medication	Dosage	Reason

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

If yes, please provide details: _____
