

## MEDICAL HISTORY QUESTIONNAIRE: DRUG ABUSE

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Usage:  Never  Former  Current Date Stopped: \_\_\_\_\_ Type: \_\_\_\_\_

Coverage Information: Type:  Term  WL  UL  VUL  IUL  Survivorship  
 Face Amount: \_\_\_\_\_  
 Premium Tolerance: \_\_\_\_\_

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of initial treatment/diagnosis: \_\_\_\_\_

2. What is client's Occupation: \_\_\_\_\_  
 Length of Employment: \_\_\_\_\_

3. Is client an active member of a drug use recovery group?  No  Yes; How long? \_\_\_\_\_

4. Has client ever joined and then left a drug use recovery group?  No  Yes; Please give details: \_\_\_\_\_

5. What drug(s) were used or abused? (name of drug and dates of usage)  No  Yes; Please give details: \_\_\_\_\_

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

7. Has the client ever been convicted of any drug-related activity?  No  Yes; Please give details: \_\_\_\_\_

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

9. What is client's current level of alcohol consumption? \_\_\_\_\_

10. Please list current medications:

Name of Medication	Dosage	Reason

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

If yes, please provide details: \_\_\_\_\_