

## 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: \_\_\_\_\_