MEDICAL HISTORY QUESTIONNAIRE: ALCOHOL USAGE

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former Date Stopped: _____

☐ Current Type: _____

Coverage Information:

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: