

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 ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ 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: _____