

MEDICAL HISTORY QUESTIONNAIRE: ALCOHOL USAGE

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. 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: _____