

## 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  WL  UL  VUL  IUL  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: \_\_\_\_\_