

ALCOHOL USAGE

CLIENT NAME:				Doto
	ht· '	Date:		
☐ Male ☐ Female Date of birth: Height:' Weight: Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: ☐ Use now Type of nicotine product:				
Type of Coverage: Term UL Survivor Type of Coverage: Term UL Survivor UL				
Coverage Amount: Anticipated Premium:				
FAMILY HISTORY				
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death				
PROPOSED INSURED'S EXISTING INSURANCE				
Full Name of Company	Face Amou	ınt	Year Issued	Is Policy to be Replaced?
1. Deep client presently consume cleeholic houseness				
1. Does client presently consume alcoholic beverages? □ No □ Yes, If yes, please list □ Beer: Quantity oz. per □ day □ week □ month (select one)				
□ Beef. Quantity oz. per □ day □ week □ month (select one)				
☐ Liquor: Quantity oz. per ☐ day ☐ week ☐ month (select one)				
2. What was the date of initial treatment or diagnosis? / /				
3. Were there any relapses from sobriety/abstinence? ☐ No ☐ Yes; please provide details and dates				
o. Were there any relapses from sobnety/abstillence: - No res, please provide details and dates				
4. Were there any legal problems (such as DUI) or other? □ No □ Yes; please provide details and dates				
other substances such as marijuana or cocaine				
·				
6. Does client currently participate in a group such as Alcoholics Anonymous? □ No □ Yes				
(Accurate) Name of Medication		Dosage	Reason	
7. Please list current medications (accurate name, dosage, and reason):				
8. What is client's: Martial status:				
Occupation: Length of employment:				
9. Are there any other health issues? (additional questionnaires may be required) \square No \square Yes; please give details				