

## **Alcohol & Drug Questionnaire**

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_

TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ / DATE OF LAST EKG \_\_\_\_\_ AND RESULTS \_\_\_\_\_

**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

1. PLEASE NOTE CLIENT'S CONDITION:

- ALCOHOL ABUSE (ANSWER QUESTIONS 2 – 7 AND 11)  
 DRUG ABUSE (ANSWER QUESTIONS 8 – 11)

2. DOES THE CLIENT CURRENTLY CONSUME ANY TYPE OF ALCOHOLIC BEVERAGE?

- NO  YES, HOW OFTEN AND IN WHAT AMOUNTS:  
 \_\_\_\_\_

3. IS THE CLIENT CURRENTLY A MEMBER OF AA, OR A SIMILAR SUPPORT GROUP?  NO  YES

4. HAS THE CLIENT EVER BEEN HOSPITALIZED, INSTITUTIONALIZED, OR BEEN AN OUTPATIENT IN AN ALCOHOL REHABILITATION PROGRAM?

- NO  YES, DATE OF DISCHARGE \_\_\_\_\_

5. WITHIN THE LAST 10 YEARS, LIST THE DATE(S) OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS, OR CHECK NONE

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

6. PLEASE NOTE RESULTS OF MOST RECENT LIVER FUNCTION TESTS:

- NORMAL  
 MINIMALLY ELEVATED  
 MODERATELY ELEVATED  
 ELEVATED

7. IS THE CLIENT PRESENTLY TAKING, OR TAKEN IN THE PAST, ANTABUSE OR ANOTHER MEDICATION TO HELP CONTROL DRINKING?  NO  YES

8. IS THE CLIENT USING, OR USED IN THE PAST, ANY OF THE FOLLOWING SUBSTANCES OR DRUGS (CHECK BOX AND DETAIL):

- OPIATES/NARCOTICS: HEROIN, CODEINE, MORPHINE, METHADONE, DEMOROL  
 BARBITURATES: AMYTAL, PHENOBARBITAL  
 NON-BARBITURATES: PLACIDYL, DORIDEN, QUAALUDE  
 AMPHETAMINES: BENZEDRINE, DEXEDRINE  
 METHAMPHETAMINES: COCAINE, CRACK, ICE  
 HALLUCINOGENS: LSD, PEYOTE, PSILOCYBIN, ECSTASY  
 MARIJUANA  
 OTHER \_\_\_\_\_

DETAIL DATES LAST USED, AMOUNT, FREQUENCY:

\_\_\_\_\_

9. HAS THE CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?

- NO  YES, DETAIL DATE(S) AND PLACE(S): \_\_\_\_\_

\_\_\_\_\_

10. HAS THE CLIENT EVER BEEN ARRESTED FOR POSSESSION, USE, DISTRIBUTION OF, OR SALE OF AN ILLEGAL SUBSTANCE?

- NO  YES, DETAIL DATE(S) AND PLACE(S): \_\_\_\_\_

\_\_\_\_\_

11. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY): \_\_\_\_\_

\_\_\_\_\_