

Alcohol Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:				
DOB:	Gender	Height	Weight	Marital Status
Occupation & Length of Employment:				
Tobacco Use	Never Used	Totally Stopped		Current User
		Date Stopped		Type Used
Type of Coverage	Term	UL	Survivor	Amount \$

Essential Information

1	Does client presently consume alcoholic beverages?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details below	
	Type of Alcohol		Quantity		Frequency	
	Beer					
	Wine					
Liquor						
2	Have you ever consulted a physician or received treatment or advise or been hospitalized because of your alcohol use?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list dates: hospitals, treatment centers, and Dr's names.	
3	How long have you totally abstained from alcohol usage?					
4	Have you ever been arrested for driving while under the influence of alcohol?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide date, and outcome	
5	Are you now a member of AA?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you joined and then left AA?	
	Reason for leaving?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Why did you change your drinking habits					
7	Please list current medications (accurate name, dosage and reason)					
8.	List any other major health problems					

Confidential

Alcohol Questionnaire
Date Published: 2/18/2015