

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: _____