

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. Date of initial treatment/diagnosis: \_\_\_\_\_

2. What is client's Occupation: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

 3. Is client an active member of a drug use recovery group?  No  Yes; How long? \_\_\_\_\_

 4. Has client ever joined and then left a drug use recovery group?  No  Yes; Please give details: \_\_\_\_\_

 5. What drug(s) were used or abused? (name of drug and dates of usage)  No  Yes; Please give details: \_\_\_\_\_

 6. Were there any relapses from sobriety/abstinence?  No  Yes; Please list dates: \_\_\_\_\_

 7. Has the client ever been convicted of any drug-related activity?  No  Yes; Please give details: \_\_\_\_\_

 8. Have there been physical complications or additional psychiatric problems?  No  Yes; Please give details: \_\_\_\_\_

9. What is client's current level of alcohol consumption? \_\_\_\_\_

10. Please list current medications:

Name of Medication	Dosage	Reason

 11. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes

If yes, please provide details: \_\_\_\_\_