

Go ahead.

QUICK QUOTE FOR ALCOHOL AND DRUG USAGE

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

FAMILY HISTORY –

AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE; SPECIFY MEMBER AND ILLNESS PRIOR TO AGE 60. GIVE RELATION, AGE AND ILLNESS, OF EACH _____

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

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ AND RESULTS _____

DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____ / ARE YOU TREATED FOR BLOOD PRESSURE NO YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____, _____ / TREATED FOR CHOLESTEROL NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. INDICATE ALL THAT APPLY:

HISTORY OF ALCOHOL ABUSE (ANSWER QUESTIONS 2 – 7 AND 11)

HISTORY OF 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

IF YES, HOW OFTEN DOES CLIENT ATTEND? _____

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

NO YES IF 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:

AST/SGOT RESULT: _____ DATE: _____

ALT/SGPT RESULT: _____ DATE: _____

GGTP RESULT: _____ DATE: _____

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

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

OPIATES/NARCOTICS: HEROIN, CODEINE, MORPHINE, METHADONE, DEMEROL

BARBITURATES: AMYTAL, PHENOBARBITAL

NON-BARBITURATES: PLACIDYL, DORIDEN, QUAALUDE

AMPHETAMINES: BENZEDRINE, DEXEDRINE

METHAMPHETAMINES: COCAINE, CRACK, CE

HALLUCINOGENS: LSD, PEYOTE, PSILOCYBIN, ECSTASY

MARIJUANA

OTHER _____

PROVIDE DATES LAST USED, AMOUNT AND 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. IS THE CLIENT CURRENTLY ON PROBATION?

NO YES. IF YES, PLEASE PROVIDE;

DATE _____ DETAILS: _____

12. LIST ANY OTHER IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS AND VITAMINS TAKEN:
