	MEDICAL HISTORY QUESTIONNAIRE: DRUG ABUSE											
Client Name:							Date of Birth:					
Gender:  Male	Female Height:					Weight:						
Tobacco Usage:			ge Informa									
Never			Type:		Term		UL		IUL			
☐ Former Date St	copped:				WL		VUL		Survivorship			
☐ Current Type:			Face Amo	ount:								
			Premium	Tolera	ance:							
	Pro	oposed Insured'	s Existina '	Insura	nce							
Insurance Company Fac		<u> </u>			Issued		Replacement (Yes/No)					
								- p.a.co	(100)			
1. Date of initial treatment/diag	nosis:											
2. What is client's: Occ	upation:											
Length of Empl												
3. Is client an active member of	a drug use reco	very group?		No		Yes; H	ow long?	?				
4. Has client ever joined and the	en left a drug us	e recovery grou	p?			No		Yes; Ple	ease give details:			
5. What drug(s) were used or a	bused? (name o	f drug and dates	s of usage	)		No		Yes: Ple	ease give details:			
	<u> </u>		- <del> </del>	,					ouse give detailer			
6. Were there any relapses fron	 n_sohriety/ahstin	ence?			П	No	П	Yes:	Please list dates:			
o. Were there any relapses from	1 SOBTICELY/ abstirt	icrice:				INO		103,	ricase list dates.			
7 11	.:		2			NI-		V DI				
7. Has the client ever been conv	victed of any dru	ig-related activit	:y?		<u> </u>	No		Yes; Pie	ease give details:			
8. Have there been physical cor	nplications or ad	Iditional psychiat	tric probler	ms?	Ш	No		Yes; Ple	ease give details:			
9. What is client's current level	of alcohol consu	mption?										
10. Please list current medication	ns:											
Name of Medication	on	Dosage	9				Reasor	1				
			1									

11. Are there any other health issues? (Additional Questionnaires may be required)	☐ No	Yes
If yes, please provide details:		