

MEDICAL HISTORY QUESTIONNAIRE: ALCOHOL USAGE

Client Name _____ Date of Birth _____

Gender: Male Female Height _____ Weight _____

Tobacco Usage:

Never
 Former Date Stopped: _____
 Current Type: _____

Coverage Information:

Type: Term UL IUL
 WL UL 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 give details: _____



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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	DOSAGE REASON

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



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