

# 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: \_\_\_\_\_

4. Were there any legal problems (such as DUI) or other?  No  Yes; Please give details: \_\_\_\_\_

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

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6. Is client an active member of a recovery group? (AA)  No  Yes; How Long? \_\_\_\_\_

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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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