

MEDICAL HISTORY QUESTIONNAIRE: DRUG ABUSE

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 VUL 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: _____



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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: _____



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