



ALCOHOL & DRUG USAGE QUESTIONNAIRE
Global Insurance Resources Group Inc.
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CLIENT: NAME _____ [] M [] F, DATE OF BIRTH _____

AGE _____ HT _____ WT _____ STATE _____

AMOUNT REQ. \$ _____ MAX. ANNUAL PREMIUM \$ _____

TYPE OF INSURANCE: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____

REPLACING? [] NO [] YES CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR: _____ COMPANY _____
 ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE NOTE THE CLIENT'S CONDITION:
 ALCOHOL ABUSE*
 *ANSWER QUESTION 2 - 7 & 12 - 14.
 DRUG OR OTHER SUBSTANCE ABUSE*
 *ANSWER QUESTIONS 8 - 14

2. DOES THE CLIENT CURRENTLY CONSUME ANY TYPE OF ALCOHOLIC BEVERAGE?
 NO YES, HOW OFTEN AND IN WHAT AMOUNT:

3. IS THE CLIENT CURRENTLY A MEMBER OF AA OR A SIMILAR SUPPORT GROUP?
 YES NO

4. HAS THE CLIENT EVER BEEN HOSPITALIZED, INSTITUTIONALIZED, OR BEEN AN OUTPATIENT IN AN ALCOHOL REHABILITATION PROGRAM?
 NO YES, LIST TIME OF DISCHARGE:
 MONTH _____ YEAR _____

5. WITHIN THE LAST SIX YEARS, LIST THE OCCASION AND THE DATE OF DRIVING UNDER THE INFLUENCE (DUI)

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

- OPIATES/NARCOTICS: HEROIN, CODEINE, DEMEROL, MORPHINE, ETHADONE,
- BARBITURATES: AMYTAL, PHENOBARBITAL
- NON-BARBITURATES: PLACIDLY, DORIDEN
- QUAALUDE
- AMPHETAMINES: BENZEDRINE, DEXEDRINE
- METHAMPHETAMINE: COCAINE, CRACK, ICE
- HALLUCINOGENS: LSD, PEYOTE, PSILOCYBIN
- ECSTASY
- MARIJUANA
- OTHER

SUBSTANCE _____

AMOUNT AND FREQUENCY _____

LAST USED: MONTH _____ YEAR _____

9. HAS THE CLIENT EVER BEEN TREATED

ARRESTS AND CONVICTIONS:

NONE

MONTH _____ YEAR _____

MONTH _____ YEAR _____

MONTH _____ YEAR _____

MONTH _____ YEAR _____

6. RESULTS OF THE CLIENT'S MOST RECENT LIVER FUNCTION TESTS:

NORMAL

MINIMALLY ELEVATED

MODERATELY ELEVATED

ELEVATED

7. IS THE CLIENT PRESENTLY TAKING, OR TAKEN IN THE PAST, ANTIABUSE OR ANOTHER MEDICATION TO HELP CONTROL DRINKING?

YES NO

FOR SUBSTANCE ABUSE?

NO YES, PLEASE DETAIL:

MONTH _____ YEAR _____

PLACE _____

10. HAS THE CLIENT EVER BEEN ARRESTED FOR POSSESSION, USE, DISTRIBUTION OF, OR SALE OF AN ILLEGAL SUBSTANCE?

MONTH _____ YEAR _____

CITY/STATE _____

11. CLIENT'S MARITAL STATUS:

MARRIED SINGLE DIVORCED WIDOWED

12. CLIENT'S OCCUPATION

13. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:
