

ALCOHOL ABUSE

AGENT NAME: _____

CLIENT NAME: _____ Date: _____

1. Does client presently consume alcoholic beverages? No Yes, If yes, please list

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. What was the date of initial treatment or diagnosis? _____ / _____ / _____

3. Were there any relapses from sobriety/abstinence? No Yes; please provide details and dates

4. Were there any legal problems (such as DUI) or other? No Yes; please provide details and dates

5. Have there been physical complications or additional psychiatric problems? No Yes; please provide details and dates, including use of other substances such as marijuana or cocaine

6. Does client currently participate in a group such as Alcoholics Anonymous? No Yes

(Accurate) Name of Medication	Dosage	Reason

7. Please list current medications (accurate name, dosage, and reason):

8. What is client's: Martial status: _____

Occupation: _____ Length of employment: _____

9. Are there any other health issues? (additional questionnaires may be required) No Yes; please give details

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