

**AGENT NAME:** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Date of the initial treatment or diagnosis? \_\_\_\_\_
2. What is client's:  Martial status: \_\_\_\_\_  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)  
\_\_\_\_\_  
\_\_\_\_\_
6. Were there any relapses from sobriety/abstinence?  No  Yes; please list dates  
\_\_\_\_\_  
\_\_\_\_\_
7. Has 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. Is client taking any medications? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

11. Does client have any other health issues? (additional questionnaires may be required)  No  Yes; please give details  
\_\_\_\_\_

**Save and Email Completed Form to: [quotes@levelfourinsurance.com](mailto:quotes@levelfourinsurance.com)**