

DRUG USAGE QUESTIONNAIRE

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
Height: Ft. In. Weight: _____ Face Amount: _____
Tobacco use in the past 5 years: No Yes Details: _____
Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. Indicate any of the following drugs you are currently using or have used in the past (please circle all that apply)?
 Opium derivatives Amphetamines Heroin Benzedrine LSD
 Barbiturates Cocaine Phenobarbital Crack Dexedrine
 Marijuana Hallucinogens Hashish Demerol DMT
 Morphine Amytal Cannabis Peyote Methadone
 Any Derivatives Mescaline Seconal Methedrine Nembutal
 Psilocybin IV drug use: _____ Other: _____

2. Please note details on the above mentioned:
 Type: _____ Quantity: _____
 Frequency: _____ Date last used: _____
 Type: _____ Quantity: _____
 Frequency: _____ Date last used: _____
 *Please use back of page if you need additional space

3. Do you consume any alcohol? Yes No
 Details: _____

4. Have you ever suffered from any liver disorder (i.e. enlarger liver, elevated Liver Function Tests) due to
 drug use? Yes No
 Details: _____

5. Have you ever been confined to bed, or lost your job due to your connection with drugs? Yes No
 Details: _____

6. Have you ever been arrested or charged in connection with the drugs? Yes No
 Details: _____

7. Have you had any moving traffic violations in the last 5 years? Yes No
 Details: _____

8. Are you on any medication(s)? Yes No
 Name(s) and dosage(s): _____

9. Have you ever received treatment or counseling, consulted or been advised by a doctor, medical facility, or
 support group because of your drug use? Yes No

10. List name, address & phone number of any doctor(s), hospital(s), and/or treatment center(s) and the date
 last consulted: _____

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____