

ALCOHOL USAGE QUESTIONNAIRE

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____

CLIENT INFORMATION:

PROPOSED INSURED: _____ DATE OF BIRTH: ___/___/___

MALE FEMALE STATE OF SALE: _____

TOBACCO USE: YES NO QUIT WHEN _____

OTHER COMPANY ACTIONS: RATED TABLE ___ POSTPONED DECLINED

OTHER COMPANY DETAILS: _____

DO YOU PRESENTLY CONSUME ALCOHOL? YES NO DATE OF LAST DRINK: ___/___/___

IF YES, QUANTITY:	BEER	WINE	LIQUOR
DAILY	_____	_____	_____
WEEKLY	_____	_____	_____
MONTHLY	_____	_____	_____

DID YOU EVER DRINK SUBSTANTIALLY MORE THAN AT PRESENT? YES NO

IF YES, DATES: ___/___/___ TO ___/___/___

IF YES, QUANTITY:	BEER	WINE	LIQUOR
DAILY	_____	_____	_____
WEEKLY	_____	_____	_____
MONTHLY	_____	_____	_____

ARE YOU ACTIVE IN A.A. OR OTHER RECOVERY GROUPS? NO YES - HOW LONG? _____

HAVE YOU EVER CONSULTED A DOCTOR OR RECEIVED TREATMENT BECAUSE OF ALCOHOL USE? YES NO

IF YES, PLEASE INDICATE THE NAME AND ADDRESS OF ANY DOCTOR, HOSPITAL OR TREATMENT CENTER:

HAVE YOU EVER BEEN ARRESTED FOR DRIVING UNDER THE INFLUENCE OF ALCOHOL? YES NO

IF YES, DATES: ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___

PLEASE LIST ANY MEDICATIONS CURRENTLY BEING TAKEN AND THEIR DOSAGE: _____

HAS EITHER PARENT OR ANY SIBLING DIED BEFORE AGE 65, OTHER THAN BY ACCIDENT? YES NO

DETAILS: _____

ARE YOU CURRENTLY EMPLOYED OR CAPABLE OF BEING EMPLOYED? YES NO

ADDITIONAL COMMENTS: _____

Please return via email at
PlusMarketing@pfnins.com



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