

Life Scan Questionnaire for **ALCOHOL & SUBSTANCE USE**
LIFE INSURANCE RISK EVALUATION AND MARKET SEARCH

For _____ Male Female

Date of Birth _____ Age _____ State _____

Height _____ Weight _____ Non Smoker Smoker

Have you ever used tobacco? Yes No If Yes, state month and year of last use of any tobacco product: _____

Type of tobacco used Cigarettes Cigars Chews Pipe

Amt \$ _____ Type Whole Life, Variable or Universal Term

Last application for life insurance: Year _____ Company _____

Result : Preferred Standard Rated/Rating _____ Declined

Do you presently consume any type or kind of alcoholic beverage?

Yes Type Beer Liquor Wine

Amounts _____ Daily _____ Weekly

No, list month and year of last drink. Month _____ Year _____

Are you currently a member of AA or similar support group? Yes No

Have you ever been hospitalized, institutionalized or have been an outpatient in an alcohol rehabilitation program? Yes No

If yes, list time of discharge Month _____ Year _____

Within the last four years, have you been arrested or convicted of driving under the influence, a DUI? Yes No

If yes, how many times? ___ Last time Month _____ Year _____

Do you now take or have you taken Antabuse or other medication to control drinking?

Yes No Last time taken: Month _____ Year _____

Continue to the Life Factors Section, if substance or drug use does not apply.

History of Substance or Drug Use

Are you using or have you ever used the following?

Opiates/narcotics: Heroin, Codeine, Morphine, Methadone, Demorol

Barbiturate: Amytal, Phenobarbital

Non-barbiturate: Placidyl, Doriden or Quaaludes

Amphetamines: Benzedrine, Dexedrine

Methamphetamine: Cocaine, Crack or Ice

Hallucinogens: LSD, Peyote or Locybin

Marijuana, Hashish, Cannabis

If any of the above have been used, list

Substance _____ Amt _____ Frequency _____

Date last used Month _____ Year _____

Substance _____ Amt _____ Frequency _____

Date last used Month _____ Year _____

Have you ever been treated for substance abuse?

Yes No If Yes Month & Year _____ Place _____

Have you been arrested for possession, sale or use of an illegal substance?

Yes No If yes, explain _____

Mo _____ Year _____ Place _____

Life Factors

Date of last stress EKG

Month ____ Year ____ Never

Family History, has either parent or any sibling died before age 65?

Yes No If yes, please list cause and age.

Blood Pressure, with or without medication _____ / _____

List medication, if any

Result of last **Cholesterol** test, if known _____

List all **Other Illnesses** not listed on this page.

List all medications currently being used except those previously listed.

(name, dosage and times per day)

Agent Information

Name _____

Address _____ Suite _____

City _____

ST ____ Zip ____ email _____



Insurance Services

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This is not an application for life insurance. The information contained herein will be used solely for the purpose of assessing which insurance carriers are likely to respond most favorably to the risk situation as stated above. The questions and answers listed will be used in the evaluation of the person listed above. All quotes are tentative, and are subject to the submitted medical evidence and other criteria used in the underwriting of life insurance.

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