NAILBA
NAILBA University

# Substance Use

**CLIENT NAME:** _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

**Tobacco Use:** ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

**Type of Coverage:** ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

**Annual Income:** _____ **Occupation/Job duties:** _____ **State of Residence:** _____

**Anticipated Premium:** _____

## FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

***If yes, use separate sheet to provide this information, including age of onset and date of death***

| PROPOSED INSURED'S EXISTING INSURANCE | | | |
|---|---|---|---|
| Full Name of Company | Face Amount | Year Issued | Is Policy to be Replaced? |
| | | | |
| | | | |

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

_____

 