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 misused? (name of drug and dates of usage)

_____

_____

6. Were there any times of return to use after a period of 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? _____ Any other substances currently? _____
Details if yes: _____

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

_____

