EMG
Insurance Brokerage
An Insurance Designers member since 1987

DRUG USE QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐M ☐F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐UL ☐WL ☐Term ☐Survivorship

Do you currently smoke cigarettes? ☐Y ☐N If no, did you ever smoke: ☐Never ☐Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐Y ☐N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Do you presently use any drugs other than those prescribed by a physician or those available over the counter?

☐Yes ☐No If no, date of last drug use: _____ If yes, please complete table:

Type	Usual Quantity	Frequency of Use	How taken? IV?	Dates: From - To

(2) Did you ever use other drugs or more drugs than you currently use? ☐Yes ☐No If yes, please complete table

Type	Usual Quantity	Frequency of Use	How taken? IV?	Dates: From - To

(3) Are you currently attending meetings of A.A. or similar recovery groups? ☐Yes ☐No Dates: _____

(4) Have you ever been treated for excessive drug use ? ☐Yes ☐No If yes, please provide details: _____

_____ Date(s): _____

(5) Did you have any legal troubles because of drug use? ☐Yes ☐No If yes, please provide details: _____

_____ Date(s): _____

(6) Have you ever experienced any of the following? If yes, please provide details below:

☐Blackouts ☐High blood pressure ☐Depression
☐Convulsions ☐Psychological Disorder ☐Emotional Disorder
☐Delirium Tremens ☐Hepatitis ☐Kidney Disease
☐Protein or Blood in Urine ☐Liver problems ☐Other serious medical condition (discuss below)

(7) Please provide any additional helpful information: _____

_____

_____