NAILBA
NAILBA University

DRUGS

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 **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount: ________________________ **Anticipated Premium:** ________________________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed 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
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