VICTORSON ASSOCIATES, INC.
the professional's choice

Alcohol/Drug Abuse History

Client Name _____ Date of Birth _____/_____/_____ Smoker Y N

Height _____' _____" Weight _____ lbs. Amt. of ins $._____ Type: Term Yrs._____ GUL UL WL

Have you ever been declined or rated for insurance? Y N Details: _____

_____

Do you presently use alcoholic beverages? Y N If Yes, Please advise: Frequency
(Daily/Weekly) _____
Type (Beer, Wine, Liquor) _____
Number of Drinks (or ounces) _____
Have you ever consumed more alcohol than at present? Y N If Yes, Please advise:

When _____
Frequency (Daily/Weekly) Type (Beer, Wine, Liquor) _____
Number of Drinks (or ounces)
Why and When did you change your drinking habits? _____

Have you ever used Amphetamines, Barbiturates, Cocaine, Heroin, Crack, Marijuana, LSD, PCP, or other Illegal, restricted or controlled substances, except as prescribed by a licensed physician? Y N
Name of Drug(s) used _____
Amount and frequency of use? _____
Dates of use: From _____To
Have you ever had employment, financial or family problems as a result of your alcohol or drug use? Y N If Yes, please explain _____

Have you ever been charged with driving under the influence or had any other traffic violation(s) and/or Accident(s) where alcohol or drug use was involved? Y N
If Yes, please explain _____

Have you ever consulted a physician, received treatment or advice or been hospitalized because of your Alcohol or drug use? Y N If Yes, Please provide Details, Dates, Name of Hospital or Treatment Center
_____

Have you ever participated in a self-help group, such as Alcoholics or Narcotics Anonymous? Y N
If Yes, Name of Group? _____How frequently did you attend? _____
Do you still attend Meetings? Yes No When did you stop?_____
What have been your recent Blood Pressure readings? _____
What has been your recent Cholesterol readings? _____
Do you have Diabetes? Y N When Diagnosed? _____
If YES, what medication are you taking? _____

Please list all other medications being taken: _____

Broker Submitting Questionnaire: _____

Address_____

Phone _____FAX: _____

E-Mail _____

Please send completed Questionnaire to Victorson Associates, 321 E. Main St., Suite 6, Smithtown,NY 11787 or Scan and Email to Vainc@victorson.com or FAX to (631) 265-7054