APIM
American Partners Insurance Marketing Inc.

American Partners Insurance Marketing Inc.
800 E Colorado Blvd Suite 200
Pasadena, CA 91101
818-433-7952
apimusa.com

MEDICAL HISTORY QUESTIONNAIRE: ALCOHOL USAGE

Client Name: ______________________ Date of Birth: ______________

Gender: ☐ Male ☐ Female Height: ____________ Weight: ____________

Tobacco Usage:
- ☐ Never
- ☐ Former Date Stopped: ____________
- ☐ Current Type: ____________

Coverage Information:
Type: ☐ Term ☐ UL ☐ IUL
☐ WL ☐ VUL ☐ Survivorship
Face Amount: ____________
Premium Tolerance: ____________

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Does client presently consume alcoholic beverages? ☐ No ☐ Yes; Please give details:
   - ☐ Beer: Quantity ____________ oz per ☐ Day ☐ Week ☐ Month (select one)
   - ☐ Wine: Quantity ____________ oz per ☐ Day ☐ Week ☐ Month (select one)
   - ☐ Liquor: Quantity ____________ oz per ☐ Day ☐ Week ☐ Month (select one)
2. Date of initial treatment/diagnosis: ____________
3. Were there any relapses from sobriety/abstinence? ☐ No ☐ Yes; Please list dates:
4. Were there any legal problems (such as DUI) or other? ☐ No ☐ Yes; Please give details:
5. Have there been phyisical complications or additional psychiatric problems? ☐ No ☐ Yes; Please give details:
6. Is client an active member of a recovery group? (AA) ☐ No ☐ Yes; How long?
7. What is client's: Occupation: ____________
   Length of Employment: ____________
8. Please list current medications:

Name of Medication	Dosage	Reason

9. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: ____________