

## Drug Usage Questionnaire

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex  Male  Female Height/Weight \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_ Ever use nicotine products? \_\_\_\_\_

If yes, select type :  Cigarettes  Cigar  Chewing tobacco  Other: \_\_\_\_\_

Date last used \_\_\_\_\_ Frequency per month \_\_\_\_\_

Product Applying for:  Term  Universal Face Amount \_\_\_\_\_

1. Date of the initial treatment or diagnosis? \_\_\_\_\_
2. What drugs were used or abused? (name drug and dates of usage)  
 \_\_\_\_\_
3. Is the client an active member of a drug use recovery group?  No  Yes; how long \_\_\_\_\_
4. Has the client joined and then left a drug use recovery group?  No  Yes; please give details  
 \_\_\_\_\_
5. Were there any relapses from sobriety/abstinence?  No  Yes; please give details  
 \_\_\_\_\_
6. Has the client been convicted of any drug related criminal activity or Moving violations?  No  Yes; please give details  
 \_\_\_\_\_
7. Have there been physical complications or additional psychiatric problems?  No  Yes; please give details  
 \_\_\_\_\_
8. What is the client's current level of alcohol consumption? \_\_\_\_\_
9. Does the client have any other health issues? \_\_\_\_\_
10. Please list all medications:

Name of Medication	Dosage	Reason

11. Please list name of physicians and date last seen:

Name of physician	Location	Date last seen

Please fax this form to MRW Financial Inc. 813-875-7331 or email to [marie@mrwfinancial.com](mailto:marie@mrwfinancial.com)