



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Alcohol - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of excess alcohol consumption or alcohol treatment, please answer the following:

1. What was the date of initial treatment or diagnosis ? _____

2. Were there any relapses from sobriety/abstinence? _____

yes, please list dates _____

no

3. ere there any legal problems (such as DUI) or other?

yes, please give details including dates _____

no

4. Has your client ever had or been made aware of any of the following?

(check all that apply)

elevated liver enzymes

positive alcohol marker

driving under the influence charge

family/friends' concern over drinking habits

blackouts

withdrawal seizures

medical complications related to alcohol (heart, etc.)

use of other substances such as marijuana or cocaine

5. Please list current medications: _____

6. What is your client s current level of alcohol consumption? _____

7. Does your client currently participate in a group such as Alcoholics Anonymou

yes

no

8.Has your client smoked cigarettes in the last 12 months?

yes

no

9. Does your client have any other major health problems (ex: canc , diabetes, ulcers, etc.)?

yes, please give details _____

no