CPS INSURANCE SERVICES

QUICK QUOTE FOR ALCOHOL AND DRUG USAGE

CLIENT: NAME _____ / ☐ M ☐F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED $ _____ / MAX. ANNUAL PREMIUM $ _____ / TYPE OF INS. ☐ UL ☐TERM YRS. LVL _____

TOBACCO USE ☐ NO ☐YES, TYPE _____ / REPLACEMENT ☐YES ☐NO / CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS ☐ SINGLE ☐MARRIED ☐WIDOWED ☐DIVORCED

FAMILY HISTORY –
AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____
IF ANY DECEASED GIVE RELATION, AGE AND CAUSE, OF EACH _____
HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE; SPECIFY MEMBER AND ILLNESS PRIOR TO AGE 60. GIVE RELATION, AGE AND ILLNESS, OF EACH_____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? ☐ NO ☐YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ AND RESULTS _____

DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____/ ARE YOU TREATED FOR BLOOD PRESSURE ☐ NO ☐YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____, _____ / TREATED FOR CHOLESTEROL ☐ NO ☐YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. INDICATE ALL THAT APPLY:
☐HISTORY OF ALCOHOL ABUSE (ANSWER QUESTIONS 2 – 7 AND 11)
☐HISTORY OF DRUG ABUSE (ANSWER QUESTIONS 8 – 11)

2. DOES THE CLIENT CURRENTLY CONSUME ANY TYPE OF ALCOHOLIC BEVERAGE?
☐ NO ☐YES, HOW OFTEN AND IN WHAT AMOUNTS:
_____

3. IS THE CLIENT CURRENTLY A MEMBER OF AA OR A SIMILAR SUPPORT GROUP? ☐ NO ☐YES
IF YES, HOW OFTEN DOES CLIENT ATTEND?_____

4. HAS THE CLIENT EVER BEEN HOSPITALIZED OR BEEN AN OUTPATIENT IN AN ALCOHOL REHABILITATION PROGRAM?
☐ NO ☐YES IF YES, DATE OF DISCHARGE _____

5. WITHIN THE LAST 10 YEARS, LIST THE DATE(S) OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS, OR CHECK NONE ☐

MONTH _____ YEAR _____
MONTH _____ YEAR _____
MONTH _____ YEAR _____

6. PLEASE NOTE RESULTS OF MOST RECENT LIVER FUNCTION TESTS:

AST/SGOT	RESULT:_____	DATE: _____
ALT/SGPT	RESULT: _____	DATE: _____
GGTP	RESULT: _____	DATE: _____

7. IS THE CLIENT PRESENTLY TAKING, OR TAKEN IN THE PAST, ANTABUSE OR ANOTHER MEDICATION TO HELP CONTROL DRINKING? ☐ NO ☐YES, DETAILS_____

8. IS THE CLIENT USING, OR USED IN THE PAST, ANY OF THE FOLLOWING SUBSTANCES OR DRUGS (CHECK BOX AND CIRCLE TYPE OF DRUG USED):

☐ OPIATES/NARCOTICS: HEROIN, CODEINE, MORPHINE, METHADONE, DEMEROL
☐ BARBITURATES: AMYTAL, PHENOBARBITAL
☐ NON-BARBITURATES: PLACIDYL, DORIDEN, QUAALUDE
☐ AMPHETAMINES: BENZEDRINE, DEXEDRINE
☐ METHAMPHETAMINES: COCAINE, CRACK, ICE
☐ HALLUCINOGENS: LSD, PEYOTE, PSILOCYBIN, ECSTASY
☐ MARIJUANA
☐ OTHER _____

PROVIDE DATES LAST USED, AMOUNT AND FREQUENCY:
_____

9. HAS THE CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?
☐ NO ☐YES, DETAIL DATE(S) AND PLACE(S): _____
_____

10. HAS THE CLIENT EVER BEEN ARRESTED FOR POSSESSION, USE, DISTRIBUTION OF, OR SALE OF AN ILLEGAL SUBSTANCE?
☐ NO ☐YES, DETAIL DATE(S) AND PLACE(S): _____
_____

11. IS THE CLIENT CURRENTLY ON PROBATION?
☐ NO ☐YES. IF YES, PLEASE PROVIDE;
DATE _____DETAILS;_____

12. LIST ANY OTHER IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDICATIONS AND VITAMINS TAKEN:

_____