

DRUG USAGE QUESTIONNAIRE**Rohrer & Associates**

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F

Height: _____ Ft. _____ In. _____ Weight: _____ Face Amount: _____

Tobacco use in the past 5 years: No Yes Details: _____

Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. Indicate any of the following drugs you are currently using or have used in the past (please circle all that apply)?

Opium derivatives	Amphetamines	Heroin	Benzedrine	LSD
Barbiturates	Cocaine	Phenobarbital	Crack	Dexedrine
Marijuana	Hallucinogens	Hashish	Demerol	DMT
Morphine	Amytal	Cannabis	Peyote	Methadone
Any Derivatives	Mescaline	Seconal	Methedrine	Nembutal
Psilocybin	IV drug use:		Other:	

2. Please note details on the above mentioned:

Type:	Quantity:
Frequency:	Date last used:
Type:	Quantity:
Frequency:	Date last used:

*Please use back of page if you need additional space

3. Do you consume any alcohol? Yes No

Details: _____

4. Have you ever suffered from any liver disorder (i.e. enlarged liver, elevated Liver Function Tests) due to drug use? Yes No

Details: _____

5. Have you ever been confined to bed, or lost your job due to your connection with drugs? Yes No

Details: _____

6. Have you ever been arrested or charged in connection with the drugs? Yes No

Details: _____

7. Have you had any moving traffic violations in the last 5 years? Yes No

Details: _____

8. Are you on any medication(s)? Yes No

Name(s) and dosage(s): _____

9. Have you ever received treatment or counseling, consulted or been advised by a doctor, medical facility, or support group because of your drug use? Yes No

10. List name, address & phone number of any doctor(s), hospital(s), and/or treatment center(s) and the date last consulted: _____

Additional Information (please use reverse side for additional space): _____

Date: _____ Insured's Signature: _____