



Preliminary Risk Evaluation – Drug / Alcohol

Proposed Insured Name: _____

Please submit this form with the Preliminary Risk Evaluation Questionnaire

Drug/Alcohol:

When was the diagnosis for Drug/Alcohol abuse: _____

When did the Drug/Alcohol abuse history begin: _____

Do you currently consume alcohol or drugs: Yes / No

Have you gone through Alcohol or Drug Treatment: Yes / No

If yes, please advise date, substance and the Program or Group (i.e. AA, therapy, support group): _____

Are you currently being treated for alcohol or substance abuse: Yes / No

Have you had a relapse with Alcohol or substance abuse (if yes, advise details): _____

If any treatment was completed, please advise if it was court ordered or a personal choice: _____

Please list the substances used and include the date last used:

Alcohol: _____

Marijuana: _____

Cocaine: _____

Prescription Abuse: _____

Other: _____

Please list any other consumption details for consideration: _____
