



## Marijuana Use

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date client first used marijuana \_\_\_\_\_ How many times per week does the client use marijuana \_\_\_\_\_

How is it ingested (smoked, drops, pills, etc.) \_\_\_\_\_

Quantity used per occasion \_\_\_\_\_

Is the marijuana use medicinal  Yes  No

If yes, advise prescription date \_\_\_\_\_

If yes, what condition(s) is marijuana prescribed for \_\_\_\_\_

Other history of using drugs (past or present). Provide full details including type(s) of drug used, date(s) used and date(s) of last use

\_\_\_\_\_

Does the client use alcohol  Yes  No Frequency \_\_\_\_\_ How much per occasion \_\_\_\_\_

Has the client received treatment for drug or alcohol abuse  Yes  No If yes, provide details \_\_\_\_\_

Has the client ever had a DUI/DWI  Yes  No If yes, provide details, including date(s) \_\_\_\_\_

Does the client have any motor vehicle violations on his or her records  Yes  No If yes, provide details including type of violation(s) and date(s) \_\_\_\_\_

Client's occupation \_\_\_\_\_

If the client works in the marijuana industry, provide full disclosure of company name, position, and duties in the space below.

List any other major health problems the client has: