

Alcohol



**Contact
Name:**

**Telephone
Number:**

**Adviser company
Name:**

Email:

GENERAL INFORMATION			
Full name of life proposed		Sum Assured	Preferred Monthly Premium
Title (<i>Mr, Mrs, Miss, other</i>)		Period of Policy	
Date of Birth		Level/Decreasing Term Assurance	
Height	Weight	Have you smoked in the last 12 months?	
Have you ever had an application for cover declined, postponed or accepted with special terms or restrictions? <i>Please give details</i>			
INFORMATION ABOUT YOUR MEDICAL CONDITION			
What was the date of onset of the alcohol problem?			
Are you currently drinking alcohol? If yes, please state amount per week. If not, please advise when you stopped all alcohol consumption.			
At the highest level, how many units were you drinking in a week?			
Did you stop drinking on medical advice? If so, who advised you to stop?			
Did you use medication to help you stop, and if so what was it (please give name and dosage).			
Are you currently taking any medication? If so, please give name and dosage.			
Did you start drinking excessively in reaction to a particular event or circumstance? If yes, please provide details.			
Were you referred to a specialist? If so, please give name and address.			
Has your liver function been tested and if so, what were the results?			
Are there any other health issues? If so, please give details here or complete the relevant form.			
Signed (client or IFA):			Date:

