



Questionnaire Concerning Drug Usage

Forming a part of an application for insurance
 a request for change in policy(ies) no.(s) _____

1) Name: _____ Date of Birth: _____

2) In the past, have you used the following drugs:

- a) Opium derivatives: Heroin, Morphine, Demerol, Methadone Yes No
- b) Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital Yes No
- c) Marijuana: Hashish, Cannabis Yes No
- d) Amphetamines: Benzedrine, Dexedrine, Methedrine Yes No
- e) Cocaine Yes No
- f) Hallucinogens: LSD, DMT, Mescaline, Peyote, Psilocybin Yes No
- g) Other: _____

3) If yes, please give details:

Type	Usual quantity	Frequency of use	Dates	
			From	to

4) Have you ever sought medical treatment because of drug usage? Yes No

If yes, state dates and names of doctors and institutions consulted:

5) Do you intend to use drugs in the future? _____

6) Please write any additional relevant information:

_____ Date _____ Witness _____ Signature of insured _____