



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: