

Alcohol Abuse Questionnaire

Plan Administrator:
Consociate • Dansig
Attn: Underwriting
111 E. Decatur Street, P.O. Box 1068
Decatur, IL 62525
Phone: (888) 242-4357
Fax: (217) 451-9088

Group name: _____

Employee name: _____

Dependent name (if condition is for dependent) _____

Age: _____ Height: _____ Weight: _____

1. When did you have your last alcoholic beverage? (Closest approximate date)

2. Quantity consumed & type of alcohol used per day/week: _____

3. Have you ever participated in an alcohol rehabilitation program? If yes, provide name and location of treatment facility and date(s) of treatment. _____

4. Was it an inpatient or outpatient program? For how long? _____

5. List all past and current medications taken; include dosage and frequency.

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Have you ever been a member of Alcoholics Anonymous? If yes, how long have you participated? _____
Are you currently an active member? Yes or No

7. How often do you attend meetings? _____

8. Have you had a relapse? If so, when and for how long? _____

9. Any history of abnormal liver enzymes? If so, when and list specific enzymes, date and lab results. _____
What treatment was received? _____
Have liver enzymes returned to normal? Yes or No

Please be advised that you may be required to submit medical records.

Employee signature: _____ Date: _____

