



## VIVA Health Inc. Health Questionnaire

### Follow-up: Alcohol & Substance Abuse

Employee\_\_\_\_\_

Group Name:\_\_\_\_\_

Proposed Insured\_\_\_\_\_

D.O.B.\_\_\_\_\_

1. Have you ever been treated for alcohol/substance abuse in inpatient or outpatient setting? If so, what were the dates of treatment?
2. Have you ever been admitted to the hospital for alcohol/substance abuse treatment? If so, give facility, physician and dates of confinement.
3. Are you currently receiving treatment for alcohol/substance abuse? If so, give full name, address, and phone numbers of all counseling physicians and date last seen.
4. Are you currently drug/alcohol free?\_\_\_\_ What was the date you last used?\_\_\_\_  
When was your last urine drug test?\_\_\_\_ What were the results? Positive\_\_\_\_  
Negative\_\_\_\_ Who performed the test? Please give complete names and addresses.
5. Have you ever lost work time or received disability payments due to this addiction?\_\_\_\_  
If so, give the date of last missed work or disability payments.
6. Do you smoke? If yes, how many cigarettes per day?

**I represent to the best of my knowledge and belief that each of the above statements and answers are complete and true. I understand that the answers to the above questions will be the basis of any coverage issued and that any incorrect answers may operate to void this insurance.**

**Date:\_\_\_\_\_ Signature of proposed insured:\_\_\_\_\_**

Use reverse side for additional comments or if further space is required