

ALCOHOL & DRUG QUESTIONNAIRE
(complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Are you currently using or have you ever used the following substances:

	Yes	No
Alcohol (beer, wine or liquor)	_____	_____
Narcotics (heroin, opium, Demerol or their derivatives)	_____	_____
Hallucinogens (LSD, PCP, DMT, STP or derivatives)	_____	_____
Stimulants (cocaine, crack, amphetamines, antidepressants)	_____	_____
Depressants (bromides, barbiturates or their derivatives)	_____	_____
Tranquilizers (Valium, Librium, Haldol or their derivatives)	_____	_____
Marijuana (hash, pot, grass, tea or their derivatives)	_____	_____
Intravenous drug use	_____	_____
Any other substance not listed above	_____	_____

(Please provide details to any "YES" answers below:

Type	Quantity	Frequency	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Have you had a DUI, OUI or OWI within the last 5 years? Yes _____ No _____ If yes, please provide the date, state of your driver's license and your driver's license number: _____

3. Have you undergone treatment for substance abuse? Yes _____ No _____ If yes, provide details for:

a. Type of treatment (hospitalization, medication, psychotherapy): _____

b. Date of treatment, length of treatment and date treatment ended: _____

c. Name, address and phone number of treating physician, counselor, facility: _____

4. Have you, in the past 10 years been a member of Alcoholics Anonymous, Narcotics Anonymous, or similar aftercare programs? Yes _____ No _____. If yes, are you an active member? Yes . No ____
If inactive member, when was the date last attended? _____

Have you used any substances since your initial treatment? Yes _____ No ____ If yes, please give details: _____

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(continued)

5. Have you had a liver function or liver enzyme test? Yes _____ No _____. If yes, please provide date and results of most recent test:

6. Any history of:

Heart problems	Yes _____	No _____
Gastritis/ulcer	Yes _____	No _____
Depression	Yes _____	No _____
Kidney/liver disease	Yes _____	No _____

Please explain any "yes" answers: _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date