## Form Med 07 - Supplementary Questionnaire Drugs

Full Name:			Date of Birth:						
Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.									
Have you ever used any of thefollowing drugs or substances other than for treatment of a medicalcondition under the supervision of a member of the medical profession?									
		Yes 🗌	No 🗌						
b) Barbiturates, ie: amytal, tuinal, "downers", etc			No 🗌						
c) Sedatives, ie: heminevrin, diazepam, etc			No 🗆						
<ul><li>d) Amphetemines, ie: Benzedrine, "ecstasy", "speed", "uppers", etc</li></ul>			No 🗌						
e) Cocaine, ie: "crack", "coke", "snow", etc		Yes 🗌	No 🗌						
f) Hallucinogens, ie: LSD, "Angel Dust", "acid", etc		Yes 🗌	No 🗌						
g) Cannabis, ie: marijuana, "hashish", "pot", "ganja", etc		Yes 🗌	No 🗌						
h) Solvents, ie: glue, aerosols etc		Yes 🗌	No 🗌						
i) Others			No 🗆						
If you answer Yes to any of the above, please give full details of dates, drugs used and treatment given:									
To:	Drug(s) used:	Treatmen	t:	From:	To:				
2. Please give the name(s) and contact details of any doctors attended for supervision/detoxification.									
	nember that failur nended or withdra you ever used an vision of a member iates (Narcotics), hidine, "smack", e rbiturates, ie: amy datives, ie: hemin phetemines, ie: E pers", etc caine, ie: "crack", lucinogens, ie: LS nnabis, ie: marijua vents, ie: glue, ae ners wer Yes to any of  To:	nember that failure to answer the relevant questions further that failure to answer that failure to answer that failure to answer that failure to answer the relevant questions further that failure to answer that failure to answer the relevant questions further that failure to answer that failure that failure to answer that failure that fail	nember that failure to answer the relevant questions fully may affect hended or withdrawn.  you ever used any of thefollowing drugs or substances other than for vision of a member of the medical profession?  lates (Narcotics), ie: heroin, methadone, morphine, hidine, "smack", etc  biturates, ie: amytal, tuinal, "downers", etc  datives, ie: heminevrin, diazepam, etc  yes   phetemines, ie: Benzedrine, "ecstasy", "speed", yes   pers", etc  caine, ie: "crack", "coke", "snow", etc  Yes   lucinogens, ie: LSD, "Angel Dust", "acid", etc  nnabis, ie: marijuana, "hashish", "pot", "ganja", etc  yes   vents, ie: glue, aerosols etc  Yes   To:   Drug(s) used:   Treatmen	nember that failure to answer the relevant questions fully may affect the underwriting delended or withdrawn.  you ever used any of thefollowing drugs or substances other than for treatment of a merision of a member of the medical profession?  lates (Narcotics), ie: heroin, methadone, morphine, hiddine, "smack", etc  biturates, ie: amytal, tuinal, "downers", etc  yes  No    datives, ie: heminevrin, diazepam, etc  yes  No    phetemines, ie: Benzedrine, "ecstasy", "speed", yes  No    phers", etc  caine, ie: "crack", "coke", "snow", etc  yes  No    lucinogens, ie: LSD, "Angel Dust", "acid", etc  nnabis, ie: marijuana, "hashish", "pot", "ganja", etc  yes  No    wents, ie: glue, aerosols etc  yes  No    theres  wer Yes to any of the above, please give full details of dates, drugs used and treatment  To: Drug(s) used: Treatment:	nember that failure to answer the relevant questions fully may affect the underwriting decision and therefore tended or withdrawn.  you ever used any of thefollowing drugs or substances other than for treatment of a medicalcondition under vision of a member of the medical profession?  lates (Narcotics), ie: heroin, methadone, morphine, hidine, "smack", etc  biturates, ie: amytal, tuinal, "downers", etc  yes No   datives, ie: heminevrin, diazepam, etc  yes No   phetemines, ie: Benzedrine, "ecstasy", "speed", yes No   phetemines, ie: "crack", "coke", "snow", etc  vanie, ie: "crack", "coke", "snow", etc  yes No   nuabis, ie: marijuana, "hashish", "pot", "ganja", etc  yes No   wer Yes to any of the above, please give full details of dates, drugs used and treatment given:  To: Drug(s) used: Treatment: From:				

## Page 2 - Drugs

3.	Are you now drug/substance free?	Yes	No 🗆	If <b>yes</b> , please state since when; if <b>no</b> give full details:
4.	Have you ever suffered from any impairments associated with drug/substance usage? (ie: hepatitis B, mental illness etc.)	Yes	No 🗆	If <b>yes</b> , please give details:
5.	Any additional information that may help us to process your application:			

## Note:

Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.

If you are uncertain as to the relevance of any such information please disclose it anyway.