

**Colonial Life Insurance Company (Trinidad) Limited**  
**29 ST. VINCENT STREET**  
**Port of Spain**

**DRUG QUESTIONNAIRE**

*To be completed by the Applicant*

**NAME: THEOPHILUS JAMES**

**Policy No:**

**DATE OF BIRTH:**

*In the past 10 years, have you used:*

	<b>YES</b>	<b>NO</b>
(1) Opiates (codeine, heroin, methadone, etc)?	[ ]	[ ]
(2) Barbiturates (amytal, phenobarbital, tuinal, etc.)?	[ ]	[ ]
(3) Non-Barbiturates (placidyn, doriden, parest, etc.)?	[ ]	[ ]
(4) Amphetamines (benzedrine, dexedrine, preludin, etc.)?	[ ]	[ ]
(5) Anticholinergics (belladonna), Bromides or Cocaine?	[ ]	[ ]
(6) Hallucinogens (LSD - 25, peyote, psilocin, etc)?	[ ]	[ ]
(7) Cannabis (marijuana, hashish, THC - Delta 9)?	[ ]	[ ]
(8) Others?	[ ]	[ ]

**If yes, give details**

Type	How Often Used	Dosage or Amount Used	Dates Used From	To
_____				
_____				
_____				
_____				
_____				
_____				
_____				

***Additional Remarks (Include details of any medical treatment, names of physicians, side effects, etc.)***

.....  
 Date  
 UWF - 223

.....  
 Applicant's Signature