

Additional information

Regarding alcohol and/or drug abuse

Vátryggingafélag Íslands hf
Ármúla 3, 108 Reykjavík, 560 5000
kt. 690689-2009, www.vis.is



Name _____ Icelandic ID no. _____

Have you been treated for alcohol abuse?

No Yes, how many treatments? _____ When and where: _____

What kind of alcohol? _____

How much did you consume (per week)? _____ How long did you consume (years)? _____

Has your abuse had any long term effects on your work and/or family? _____

Has your alcohol abuse had any physical consequences on your organs (heart, kidney, liver, nervous system etc)?

No Yes, describe: _____

Have you consumed alcohol after the last treatment ended?

No Yes, describe: _____

Do you attend an AA meetings or other support groups on a regular basis? Yes No

Additional information: _____

Have you been treated for drug abuse?

No Yes, how many treatments? _____ When and where: _____

What kind of drugs? _____

How much did you consume (per week)? _____ How long did you consume (years)? _____

Has your abuse had any long term effects on your work and/or family? _____

Has your drug abuse had any physical consequences on your organs (heart, kidney, liver, nervous system etc)?

No Yes, describe: _____

Have you consumed any drugs after the last treatment ended?

No Yes, describe: _____

Do you attend an AA meetings or other support groups on a regular basis? Yes No

Additional information: _____

Date and place

Signature