

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term WL UL VUL IUL Survivorship

Face Amount: _____ Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. What type of hepatitis? A B C

3. Was the hepatitis due to: Hep A Hep C (non-A/non-B) Hep B, acute
 Hep B, carrier/chronic Other: _____

4. Please give the date and results of the most recent liver enzyme tests:

AST/SGOT Date: _____ Result: _____

ALT/SGPT Date: _____ Result: _____

GGTP Date: _____ Result: _____

5. Does the client drink alcohol?
 No Yes, include details: _____

6. Please check if any of the following studies have been completed:

Liver ultrasound or CT Normal Abnormal

Liver biopsy Normal Abnormal

Fibrosure blood test Normal Abnormal

If fibrosure test/biopsy was abnormal, indicate fibrosis stage below:

F0 F1 F2 F3 F4

No further evaluation

7. Has the client been diagnosed with any of the following: Cirrhosis Chronic hepatitis

8. Was there any treatment done? No Yes, include details: _____

9. Treatment start and end dates: _____

10. Was the treatment successful in eliminating the virus? No Yes

11. Please list current medications

Name of Medication	Dosage	Reason

12. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____
