

LIVER ENZYME ELEVATION QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____ M F Date of Birth: _____

Face amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship

Do you currently smoke cigarettes? Yes No If no, did you ever smoke? Never Quit (Date): _____

Do you currentl use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...)? Yes No

If yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

1. Please provide details of recent liver enzyme function tests:

Date	GGT	PAST/SGOT	ALT/SGPT

2. How long has the individual had elevated liver functions? _____ (months) _____ (years) Conditions recently diagnosed _____

3. If there is prior history of elevated liver function test results, have these results been:

- Stable Increasing Decreasing Fluctuating up and down Unknown

4. Is there any known cause for the elevated liver functions? No Yes, the diagnosis is: _____

5. Does the proposed insured consume any alcohol? No Yes Please describe usage: _____
(frequency, quantity, type)

6. Have the following tests been completed for the proposed insured?

a) Hepatitis Panel (A, B, C)	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____
b) Liver Ultrasound/CT/MRI	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____
c) Liver Biopsy	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____

7. Is the proposd insured aware of ny other medical issues? If so, please describe: _____

8. Does the proposed insured take any medications, either prescription or over the counter?

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken