

## HEMOCHROMATOSIS QUESTIONNAIRE

When you were first diagnosed, how many blood draws (phlebotomies, venesections) were done in what time frame?  Are you now on a regular blood draw schedule? If yes, how often do you go? If not, why?  How often do you go for a health check up to your healthcare provider?  Are your liver function tests normal? Please check with you healthcare provider if you do not know and list any recent abnormal levels in the following table. These values are important for us to help you get a realistic idea of premiums before completing a formal application of insurance for a specific company:  Date of most recent test:  I was told all of my liver function tests were normal. (Y or N)  How there been any abnormalities or effects on other organs or tissues? If yes, please describe:  Is the proposed insured aware of any medical problems? If so, please describe:	Agent:	
Do you currently smoke cigarettes? (Y or N): If no, did you ever smoke: (Y or N): Quit date:	Proposed Insured Name: (M or F): Age:	
Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum):  If Yes, please provide details:  When did you last use any form of tobacco: (Month) (Year) Type used last:  When was the condition first diagnosed?  What lead to the diagnosis of hemachromatosis?  When you were first diagnosed, how many blood draws (phlebotomies, venesections) were done in what time frame?  Are you now on a regular blood draw schedule? If yes, how often do you go? If not, why?  How often do you go for a health check up to your healthcare provider?  Are your liver function tests normal? Please check with you healthcare provider if you do not know and list any recent abnormal levels in the collowing table. These values are important for us to help you get a realistic idea of premiums before completing a formal application of insurance for a specific company:  Date of most recent test: I was told all of my liver function tests were normal. (Y or N)	Face Amount: / year Type: (UL, WL, Term, or Survivorship)	
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(Accurate) Name of Medication:  Dosage: Quantity Taken: Frequency:	Is the proposed insured aware of any medical problems? If so, please describe:	
	(Accurate) Name of Medication: Dosage: Quantity Taken:	Frequency:
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