

# Underwriting Questionnaire

## Liver Enzymes



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

### Details of recent liver enzyme function tests

Date	GGTP	AST/SGOT	ALT/SGPT

How long has the client had elevated liver functions? \_\_\_\_\_ Months \_\_\_\_\_ Years  Condition recently diagnosed

If there is a prior history of elevated liver function test results, have these results been  
 Stable  Increasing  Decreasing  Fluctuating up and down  Unknown

Is there any known cause for the elevated liver functions?  
 No  Yes, the diagnosis is \_\_\_\_\_

Alcohol usage  
 No  Yes (provide frequency, quantity, type) \_\_\_\_\_

Have the following tests been completed for the client

<input type="checkbox"/> Hepatitis Panel (A, B, C)	Normal (date) _____	Abnormal (date) _____	Results _____
<input type="checkbox"/> Liver Ultrasound/CT/MRI	Normal (date) _____	Abnormal (date) _____	Results _____
<input type="checkbox"/> Liver biopsy	Normal (date) _____	Abnormal (date) _____	Results _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: