



## Hemochromatosis Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: M/ F

Tobacco Usage: \_\_\_\_\_

Face Amount: \_\_\_\_\_

\_\_\_Term 10 15 20 30

\_\_\_UL

1. When was, Hemochromatosis, first diagnosed? \_\_\_\_\_

2. When the proposed insured was first diagnosed, how many blood draws (phlebotomies, venesections) were done in what time frame? \_\_\_\_\_  
\_\_\_\_\_

3. Is the proposed insured now on a regular blood draw schedule? \_\_\_Yes \_\_\_No  
(If yes, how often? If no, why not?) \_\_\_\_\_  
\_\_\_\_\_

4. Are the proposed insured's liver function tests normal? \_\_\_Yes \_\_\_No  
\_\_\_I was told all of my liver function tests were normal.  
Date of most recent test: \_\_\_\_\_  
Test values were as follows: GGTP: \_\_\_\_\_ SGOT/AST: \_\_\_\_\_ SGPT/ALT: \_\_\_\_\_

5. Have there been any abnormalities or affects on other organs or tissues? \_\_\_Yes \_\_\_No  
(If yes, please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the proposed insured currently taking any medication for this condition, or any other?  
\_\_\_Yes \_\_\_No (If yes, please provide name, dosage, and frequency)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_