



Hepatitis Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/ F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. Which type of hepatitis does the proposed insured have (A, B, C)? _____

2. Has client fully recovered? ___Yes ___No (If yes, when): _____

3. Does proposed insured have any restrictions on activities or diet? ___Yes ___No
(If yes, details): _____

4. Have liver function studies been performed?

a. Biliruben	Date: _____	Reading: _____
b. Albumin	Date: _____	Reading: _____
c. Prothrombin	Date: _____	Reading: _____
d. ALT or SGPT	Date: _____	Reading: _____
e. AST or SGOT	Date: _____	Reading: _____
f. AP	Date: _____	Reading: _____

5. Had a liver biopsy been done? ___Yes ___No
(If yes, Details: *provide copy of pathology report if available*): _____

6. Does proposed insured currently drink alcoholic beverages? ___Yes ___No
(If yes, describe usage) _____

7. Is the proposed insured taking any medications for this condition, or any other? ___Yes ___No
(If yes, please provide the name, dosage, and frequency): _____

