



## Liver Enzyme Elevation Questionnaire

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

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

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

Sex: M/ F

Tobacco Usage: \_\_\_\_\_  
\_\_\_\_\_Term 10 15 20 30

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

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

2. How long has the individual had elevated liver functions?  
\_\_\_\_\_ (Months) \_\_\_\_\_ (Years) \_\_\_\_\_ Condition 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  
(If yes, the diagnosis is):  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the proposed insured consume any alcohol? \_\_\_ No \_\_\_ Yes  
(If yes, please describe usage): \_\_\_\_\_

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

Date	GGTP	AST/SGOT	ALT/SGPT

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

Hepatitis Panel (A, B, C)	___ Normal – Date:	___ Abnormal – Date:
Liver Ultrasound/CT/MRI	___ Normal – Date:	___ Abnormal – Date:
Liver Biopsy	___ Normal – Date:	___ Abnormal – Date:

8. Does the proposed insured take any medications, either over the counter or prescription?  
\_\_\_ Yes \_\_\_ No (If yes, please provide details)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_