

MEDICAL HISTORY QUESTIONNAIRE: LIVER TESTS

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

Never
 Former Date Stopped: _____
 Current Type: _____

Type: Term UL IUL
 WL VUL Survivorship

Face Amount: _____
 Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. Please give the date and results of the most recent liver enzyme tests.

AST/SGOT:	Date: _____	Result: _____
ALT/SGPT:	Date: _____	Result: _____
GGTP:	Date: _____	Result: _____
ALP:	Date: _____	Result: _____
Billirubin:	Date: _____	Result: _____

3. Have these results been:

Increasing Stable
 Decreasing Unknown
 Fluctuating up and down

4. Has the client had a liver biopsy? No Yes; provide date(s) _____

Fibrosis Score (0 - 4) _____

5. Fibrosure Blood Test Score, if available (0 - 4): _____

6. Does client drink alcohol? (answer all that apply)

No Yes; amount & frequency _____
 Drinking pattern changed recently? _____

7. Please list current medications

Name of Medication	Dosage	Reason

8. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: