

LIVER ENZYME ELEVATION QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____ ☐ M ☐ F Date of Birth: _____

Face Amount: _____ Max. Premium: \$ _____/year ☐ UL ☐ WL ☐ Term ☐ Survivorship

Do you currently smoke cigarettes? ☐ Y ☐ N If no, did you ever smoke: ☐ Never ☐ Quit (Date): _____

Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ☐ Y ☐ N

If Yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

(1) Please provide details of recent liver enzyme function tests:

Date	GGTP	AST/SGOT	ALT/SGPT

(2) How long has the individual had elevated liver functions? ☐ _____ (months) _____ (years) ☐ Conditions 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, the diagnosis is: _____

(5) Does the proposed insured consume any alcohol? ☐ No ☐ Yes Please describe usage: _____
(frequency, quantity, type)

(6) Have the following tests been completed for the proposed insured?

a) Hepatitis Panel (A, B, C)	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____
b) Liver Ultrasound/CT/MRI	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____
c) Liver Biopsy	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____

(7) Is the proposed insured aware of any medical issues? If so, please describe:

(8) Does the proposed insured take any medications, either over the counter or prescription?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken