



Elevated Liver Enzyme Questionnaire

Agent: _____ **Phone:** _____ **Fax:** _____
Client: _____ **DOB :** _____ *Male* *Female*
Product/Face Amount: _____ **Height:** _____ **Weight:** _____

* **TOBACCO/NICOTINE USE (past or present):** **YES***** **NO**

***Please provide details as to any past or present use of tobacco or nicotine products, including type of use, duration & frequency of use, date quit, etc.:

*Please list the date of discovery, the duration, and the circumstances surrounding the identification of liver enzyme level abnormalities:

* Please indicate which of the following laboratory studies have returned abnormal, and list the most recent result. (If unknown, you may need to contact your physician for the information, preferably a copy of the actual laboratory results from the medical record):

- AST/SGOT:*
- ALT/SGPT:*
- GGTP:*
- Alkaline Phosphatase:*
- Total/Direct Biliruben:*
- Other:*

* **MEDICATIONS** - List ALL current medications, prescription and non-prescription (including vitamins, nutritional supplements, herbal preparations, etc) in the space provided below:

MEDICATION	DOSE	MEDICATION	DOSE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

*Do you presently consume alcohol beverages?

Yes **No** - If "no", date of last drink:

*Quantity & Type Consumed (Present Use)

CURRENT USE	Beer	Wine	Liquor
<i>Daily</i>			
<i>Weekly</i>			
<i>Monthly</i>			

* Over the course of time since discovery, liver enzyme levels results have:

- Increased Fluctuated up and down
 Decreased Remained stable

* Please note any additional diagnostic studies performed in response to the lab abnormalities:

- Hepatitis:** Normal Abnormal (Positive for hepatitis A, B, or C)
 Iron studies: Normal Normal
 Liver ultrasound, CT scan, or MRI: Normal Abnormal
 Liver biopsy: Normal Abnormal
 No evaluation
 Other (provide details):

* Has a cause or potential cause of your elevated liver enzymes been determined?

- YES: (please list)
 NO:

* **FAMILY HISTORY:** (Family history may be a factor in determining rate class) **Is there a family history (parent or siblings) of the following conditions/disease onset prior to age 60:**

- Cardiac Disease* YES NO *Diabetes* YES NO
Stroke or TIA YES NO *Cancer* YES NO

Please provide details for any "YES" response below (attach additional sheet if necessary)

FAMILIAL RELATIONSHIP	SPECIFIC CONDITION(S)	AGE WHEN DIAGNOSED	CURRENT AGE (if living)	DECEASED (list age @ time of death)
FATHER				
MOTHER				
SIBLING 1				
SIBLING 2				

* Do you have any other significant health issues or medical conditions not outlined or mentioned on this form? (Complete additional questionnaires, as indicated)

- Condition(s) - List treatment and current status:
 NONE - NO other medical conditions or health issues.

* Have you been previously declined, postponed or rated for life coverage? If so, please outline the circumstances in detail. Include date, insurance company name, reason for decision, as provided by the carrier and the nature of any prior application/submission (formal application vs. informal/trial submission), etc.

* Are there any other health factors, circumstances or information you consider to be important in evaluating you as an applicant for life insurance?