

Life Scan Questionnaire for **HEPATITIS (ELEVATED LIVER FUNCTIONS)**

LIFE INSURANCE RISK EVALUATION AND MARKET SEARCH

For _____ [] Male [] Female

Date of Birth _____ Age _____ State _____

Height _____ Weight _____ [] Non Smoker [] Smoker

Have you ever used tobacco? [] Yes [] No If yes, state month and year of last use of any tobacco product: _____

Type of tobacco used: [] Cigarettes [] Cigars [] Chews [] Pipe

Amt\$ _____ Type: [] Whole Life or Universal [] Term

Last application for life insurance: Year _____ Company _____

Result: [] Preferred [] Standard [] Rated/Rating _____ [] Declined

1. List date and results of the client's two most recent liver function tests:

	Result	Date # 1	Result	Date # 2
AST/SGOT	_____	_____	_____	_____
ALT/SGPT	_____	_____	_____	_____
GGTP	_____	_____	_____	_____
ALK PHOS	_____	_____	_____	_____
BILIRUBIN	_____	_____	_____	_____

2. Check type, then list date and results of recent hepatitis screening:

[] A Date _____ [] Neg [] Pos
[] B Date _____ [] Neg [] Pos
[] C Date _____ [] Neg [] Pos

3. Has the client had a liver Biopsy?

[] Yes [] No If Yes, please detail date and results:

4. Has the client ever been diagnosed with:

Fatty Liver? [] Yes [] No If yes, please detail:

Hepatitis? [] Yes [] No If yes, check type and detail:

[] Acute [] Chronic Active [] Chronic Persistent

Details: _____

Cirrhosis? [] Yes [] No

5. Does the client consume any type of alcoholic beverage?

[] Yes [] No If yes, please detail frequency and amount:

If No, Date of last drink: Month _____ Year _____

6. Date of client's last visit to a physician:

[] 0 to 6 months ago [] 6 to 12 months ago

[] 12 to 24 months ago [] Over 2 year ago

Life Factors

Date of last stress EKG

Month ____ Year ____ [] Never

Family History, has either parent or any sibling died before age 65?

[] Yes [] No If yes, please list cause and age.

Blood Pressure, with or without medication _____ / _____
List medication, if any

Result of last **Cholesterol** test, if known _____

List all **Other Illnesses** not listed on this page.

List all medications currently being used except those previously listed.

(name, dosage and times per day)

Agent Information

Name _____

Address _____ Suite _____

City _____

ST ____ Zip ____ email _____



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This is not an application for life insurance. The information contained herein will be used solely for the purpose of assessing which insurance carriers are likely to respond most favorably to the risk situation as stated above. The questions and answers listed will be used in the evaluation of the person listed above. All quotes are tentative, and are subject to the submitted medical evidence and other criteria used in the underwriting of life insurance.

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