

ELEVATED LIVER FUNCTION TESTS QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
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Proposed Insured Name: _____	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth: _____
Face Amount: _____	Max. Premium: \$ _____/year	<input type="checkbox"/> UL	<input type="checkbox"/> WL
Do you currently smoke cigarettes? <input type="checkbox"/> Y <input type="checkbox"/> N		If no, did you ever smoke: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____	
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N			
If Yes, please provide details: _____			
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____			

(1) Please provide results of recent LFT's:

Date	GGTP	AST/SGOT	ALT/SGPT	CDT (+ / -)

(2) How long has the individual had ELFT's? ____ (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) Has there been a positive alcohol marker test? No Yes If Yes, Date? _____

(7) 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: _____

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

(9) 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