LIVER TESTS

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: _____

1. How long has this abnormality (elevated liver enzymes) been present? _____

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

a) AST/SGOT Date: _____ _____

b) ALT/SGPT Date: _____ _____

c) GGTP Date: _____ _____

d) ALP Date: _____ _____

e) Billirubin Date: _____ _____

3. Have these results been

☐ Increasing

☐ Decreasing

☐ Fluctuating up and down

☐ Stable

☐ Unknown

Have there been additional tests to determine potential causes of elevated liver tests?__No __ Yes:

Tests done:_____

Results (including steatosis and/or fibrosis and severity of each- include F 0-3 if known):

_____

Suspected cause of elevated liver tests: _____

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

☐ No ☐ Yes; please note amount and frequency _____

☐ Drinking pattern changed recently _____

5. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

