

Hemochromatosis Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

Essential Information

1	Date of first Diagnosis		When was the last phlebotomy treatment?	
2	What organs are involved (check all that apply)	Liver	Heart	Pancreas (diabetes)
		Joints	Pituitary	
3	If available please provide the most recent ferritin result		<i>Result</i>	
4	Was a liver biopsy done	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes provide a copy</i>	
5	List current medications (accurate name, dosage and reason)			
6	Does the client have any other health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes provide details:</i>	