

Hepatitis 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		Was there a treatment done	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes what type</i>	
2	When did treatment start		When did treatment terminate		Was treatment successful in eliminating the virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	What type of hepatitis?	A		B		C
4	Was the hepatitis due to:	Hepatitis A		Hepatitis C (non –A/non B)		
		Hepatitis B resolved		Hepatitis B, carrier or chronic infection		
		Other, please specify				
5	Please give the date and results of the most recent liver enzyme tests:	ASTISGOT				
		ALTISGPT				
		GGTP				
6	Does client drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, amount and frequency:</i>			
7	Please check if any of the following studies have been completed	Liver ultrasound or CT Scan		<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	
		Liver biopsy		<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	
		No further evaluation				

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8	Has client been diagnosed with any of the following?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border-bottom: 1px solid black; text-align: right; padding-right: 5px;">Chronic Hepatitis</div> <div style="text-align: right; padding-right: 5px;">Cirrhosis</div>
9	List current medications (accurate name, dosage and reason)		
10	Does the client have any other health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes provide details:</i>