

Liver Tests 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	How long has this abnormality (elevated liver enzymes been present?)				
2	Please give the date and results of the most recent liver enzyme test:				
	AST / SGOT				
	ALT /SGPT				
	GGTP				
	ALP				
	Billirubin				
3	List current medications (accurate name, dosage and reason)				
4	Have these results been:	Increasing	Stable	Unknown	
		Decreasing	Fluctuating Up & Down		
5	Does client drink alcohol? Answer all that apply	<input type="checkbox"/> Yes – provide frequency & amount			
		<input type="checkbox"/> NO			
		<input type="checkbox"/> drinking pattern changed recently _____			
6	Does the client have any other health issues	<input type="checkbox"/> Yes	<i>If yes provide details:</i>		
		<input type="checkbox"/> No			

Confidential

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Don Boozer & Associates

P: 1-800-543-0886
F: 1-888-543-0886