

## MEDICAL HISTORY QUESTIONNAIRE: LIVER TESTS

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Tobacco Usage: \_\_\_\_\_ Coverage Information: \_\_\_\_\_  
 Never Type:  Term  UL  IUL  
 Former Date Stopped: \_\_\_\_\_  WL  VUL  Survivorship  
 Current Type: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 Premium Tolerance: \_\_\_\_\_

### Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis \_\_\_\_\_  
 2. Please give the date and results of the most recent liver enzyme tests.  
 AST/SGOT: Date: \_\_\_\_\_ Result: \_\_\_\_\_  
 ALT/SGPT: Date: \_\_\_\_\_ Result: \_\_\_\_\_  
 GGTP: Date: \_\_\_\_\_ Result: \_\_\_\_\_  
 ALP: Date: \_\_\_\_\_ Result: \_\_\_\_\_  
 Billirubin: Date: \_\_\_\_\_ Result: \_\_\_\_\_

3. Have these results been:  
 Increasing  Stable  
 Decreasing  Unknown  
 Fluctuating up and down

4. Has the client had a liver biopsy?  No  Yes; provide date(s) \_\_\_\_\_  
 Fibrosis Score (0 - 4) \_\_\_\_\_

5. Fibrosure Blood Test Score, if available (0 - 4): \_\_\_\_\_

6. Does client drink alcohol? (answer all that apply)  
 No  Yes; amount & frequency \_\_\_\_\_  
 Drinking pattern changed recently? \_\_\_\_\_

7. Please list current medications

Name of Medication	Dosage	Reason

8. Are there any other health issues? (Additional Questionnaires may be required)  No  Yes  
 If yes, please provide details: