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MEDICAL HISTORY QUESTIONNAIRE: HEPATITIS

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never
☐ Former Date Stopped: _____
☐ Current Type: _____

Coverage Information:

Type: ☐ Term ☐ UL ☐ IUL ☐ WL ☐ VUL ☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____
2. What type of hepatitis? ☐ A ☐ B ☐ C
3. Was the hepatitis due to: ☐ Hep A ☐ Hep C (non-A/non-B) ☐ Hep B, acute ☐ Hep B, carrier/chronic ☐ Other: _____
4. Please give the date and results of the most recent liver enzyme tests:

AST/SGOT Date: _____ Result: _____
ALT/SGPT Date: _____ Result: _____
GGTP Date: _____ Result: _____

5. Does the client drink alcohol?

☐ No ☐ Yes, include details: _____

6. Please check if any of the following studies have been completed:

☐ Liver ultrasound or CT ☐ Normal ☐ Abnormal
☐ Liver biopsy ☐ Normal ☐ Abnormal
☐ Fibrosure blood test ☐ Normal ☐ Abnormal

If fibrosure test/biopsy was abnormal, indicate fibrosis stage below:

☐ F0 ☐ F1 ☐ F2 ☐ F3 ☐ F4

☐ No further evaluation

7. Has the client been diagnosed with any of the following: ☐ Cirrhosis ☐ Chronic hepatitis
8. Was there any treatment done? ☐ No ☐ Yes, include details: _____
9. Treatment start and end dates: _____
10. Was the treatment successful in eliminating the virus? ☐ No ☐ Yes
11. Please list current medications

Name of Medication	Dosage	Reason

12. Are there any other health issues? (Additional Questionnaires may be required) ☐ No ☐ Yes

If yes, please provide details: _____