

## LIVER ENZYME ELEVATION QUESTIONNAIRE

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_  
 Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

(1) Please provide details of recent liver enzyme function tests:

Date	GGTP	AST/SGOT	ALT/SGPT

(2) How long has the individual had elevated liver functions?  \_\_\_\_\_ (months) \_\_\_\_\_ (years)  Conditions recently diagnosed

(3) If there is prior history of elevated liver function test results, have these results been:

Stable  Increasing  Decreasing  Fluctuating up and down  Unknown

(4) Is there any known cause for the elevated liver functions?  No  Yes, the diagnosis is: \_\_\_\_\_

(5) Does the proposed insured consume any alcohol?  No  Yes Please describe usage: \_\_\_\_\_  
 (frequency, quantity, type)

(6) Have the following tests been completed for the proposed insured?

a) Hepatitis Panel (A, B, C)	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____
b) Liver Ultrasound/CT/MRI	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____
c) Liver Biopsy	<input type="checkbox"/> Normal - Date: _____	<input type="checkbox"/> Abnormal - Date: _____

(7) Is the proposed insured aware of any medical issues? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(8) Does the proposed insured take any medications, either over the counter or prescription?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

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