

HEPATITIS 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 date of diagnosis: _____

(2) Has the Hepatitis been diagnosed as:

- | | |
|---|---|
| <input type="checkbox"/> Acute Viral Hepatitis A Resolved | <input type="checkbox"/> Hepatitis A Unresolved |
| <input type="checkbox"/> Acute Viral Hepatitis B Resolved | <input type="checkbox"/> Chronic Persistent Hepatitis B Unresolved (i.e. carrier) |
| <input type="checkbox"/> Acute Viral Hepatitis C | <input type="checkbox"/> Chronic Active Hepatitis B Unresolved |
| <input type="checkbox"/> Other Hepatitis: _____ | <input type="checkbox"/> Chronic Persistent Hepatitis C |
| | <input type="checkbox"/> Chronic Active Hepatitis C |

(3) What are the most current liver enzyme levels:

Date	GGTP	ALT/SGPT	AST/SGOT

(4) Which studies have been undertaken to diagnose/treat the condition:

- Liver ultrasound , CT scan, or MRI (circle which one): Date: _____ Results: Normal Abnormal
- Liver biopsy Date: _____ Results: Normal Abnormal
- Other: _____
- Studies Recommended/Pending: _____ Date Planned: _____

(5) Does the proposed insured use any medications, such as alpha interferon or ribavirin? If yes, please complete the table below:

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

(6) Does the proposed insured consume any alcohol? No Yes Describe: _____
 (type, frequency, quantity)

(7) How frequently does a physician monitor liver functions: Quarterly Semiannually Annually Other: _____

(8) If infected with hepatitis C, is the proposed insured vaccinated against: Hepatitis A Hepatitis B

(9) Please advise of any additional information that may help us provide you with a more accurate preliminary assessment:

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