Elite Marketing Group
An Insurance Designers member since 1986

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. nicotine patch, cigars, pipe, snuff, 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:

☐ Acute Viral Hepatitis A Resolved
☐ Hepatitis A Unresolved
☐ Acute Viral Hepatitis B Resolved
☐ Chronic Persistent Hepatitis B Unresolved (i.e. carrier)
☐ Chronic Active Hepatitis B Unresolved
☐ Acute Viral Hepatitis C
☐ Chronic Persistent Hepatitis C
☐ Chronic Active Hepatitis C
☐ Other Hepatitis: _____

(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:

_____

_____