

HEPATITIS

AGENT NAME: _____

CLIENT NAME: _____ Date: _____

1. Date of first diagnosis: _____

2. What type of hepatitis: A B C

3. Was the hepatitis due to:

Hepatitis A Hepatitis C (non-A/non-B) Hepatitis B, resolved Hepatitis B, carrier or chronic infection

Other, please specify _____

4. Please give the date and results of the most recent liver enzyme tests:

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

Result: _____ Result: _____ Result: _____

5. Does the client drink alcohol? No Yes; please give details _____

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

Liver ultrasound or CT scan normal / abnormal

Liver biopsy normal / abnormal

No further evaluation

7. Has client been diagnosed with any of the following: Chronic hepatitis Cirrhosis

8. Was there any treatment done? No Yes; what type? _____

9. When did treatment start _____ and terminate _____?

10. Was treatment successful in eliminating the virus? No Yes

11. Is client on any medications now? (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|-------------------------------|--------|--------|
| | | |
| | | |
| | | |
| | | |

12. Does client have any other major health issues? (additional questionnaires may be required) No Yes; please give details

Save and Email Completed Form to: quotes@levelfourinsurance.com

© Level Four Insurance Agency | Toll Free: 800.460.5567 | Fax: 214.556.2708 | www.levelfourinsurance.com