



HEPATITIS (ELEVATED LIVER FUNCTIONS) QUESTIONNAIRE
Global Insurance Resources Group Inc.
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CLIENT: NAME _____ [] M [] F, DATE OF BIRTH _____

AGE _____ HT _____ WT _____ STATE _____

AMOUNT REQ. \$ _____ MAX. ANNUAL PREMIUM \$ _____

TYPE OF INSURANCE: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____

REPLACING? [] NO [] YES CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR: _____ COMPANY _____
 ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. LIST DATE AND RESULTS OF THE CLIENT'S TWO MOST RECENT LIVER FUNCTION TESTS:

DATE # 1	RESULT	DATE # 2	RESULT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. CHECK TYPE, THEN LIST DATE AND RESULTS OF RECENT HEPATITIS SCREENING:

- [] A DATE _____ [] NEGATIVE [] POSITIVE
 [] B DATE _____ [] NEGATIVE [] POSITIVE
 [] C DATE _____ [] NEGATIVE [] POSITIVE

**3. HAS THE CLIENT HAD A LIVER BIOPSY?
 [] NO [] YES, PLEASE DETAIL DATE AND RESULTS:**

**CONT., #5. IF NO, DATE OF LAST DRINK:
 MONTH _____ YEAR _____**

6. DATE OF CLIENT'S LAST VISIT TO A PHYSICIAN:

- [] 0 TO 6 MONTHS AGO
 [] 6 TO 12 MONTHS AGO
 [] 12 TO 24 MONTHS AGO
 [] OVER 2 YEARS AGO

7. LIST THE LAST CHOLESTEROL READING, IF KNOWN:

HDL RATIO _____

8. LIST THE LAST BLOOD PRESSURE READING, IF KNOW:

_____ SYSTOLIC _____ DIASTOLIC

9. CLIENT'S OCCUPATION _____

10. HAS A PARENT, BROTHER OR SISTER DIED PRIOR TO AGE 65, OTHER THAN BY ACCIDENT?

- [] NO [] YES, PLEASE DETAIL

**4. HAS THE CLIENT EVER BEEN DIAGNOSED WITH:
FATTY LIVER NO YES, CHECK TYPE, THEN DETAIL:
 ACUTE CHRONIC ACTIVE CHRONIC PERSISTENT
DETAILS:** _____

**5. DOES THE CLIENT CONSUME ANY TYPE OF ALCOHOLIC BEVERAGE?
 NO YES, PLEASE, DETAIL FREQUENCY AND AMOUNT:** _____

**11. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?
 NO YES, PLEASE DET** _____

12. PLEASE LIST ANY OTHER IMPAIRMENTS OR ILLNESSES ; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:

