

MEDICAL HISTORY QUESTIONNAIRE: HEPATITIS

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage:

☐ Never

☐ Former

☐ Current

Date Stopped: _____

Type: _____

Coverage Information:

Type: ☐ Term

☐ WL

☐ UL

☐ VUL

☐ IUL

☐ Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. What type of hepatitis? ☐ A ☐ B ☐ C

3. Was the hepatitis due to: ☐ Hep A ☐ Hep C (non-A/non-B) ☐ Hep B, acute

☐ Hep B, carrier/chronic

☐ Other: _____

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

AST/SGOT Date: _____ Result: _____

ALT/SGPT Date: _____ Result: _____

GGTP Date: _____ Result: _____

5. Does the client drink alcohol?

☐ No

☐ Yes, include details: _____

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

☐ Liver ultrasound or CT

☐ Normal

☐ Abnormal

☐ Liver biopsy

☐ Normal

☐ Abnormal

☐ Fibrosure blood test

☐ Normal

☐ Abnormal

If fibrosure test/biopsy was abnormal, indicate fibrosis stage below:

☐ F0

☐ F1

☐ F2

☐ F3

☐ F4

☐ No further evaluation

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

☐ Cirrhosis

☐ Chronic hepatitis

8. Was there any treatment done?

☐ No

☐ Yes, include details: _____

9. Treatment start and end dates: _____

10. Was the treatment successful in eliminating the virus?

☐ No

☐ Yes

11. Please list current medications

Name of Medication	Dosage	Reason

12. Are there any other health issues? (Additional Questionnaires may be required)

☐ No

☐ Yes

If yes, please provide details: _____
