Hepatitis

Questionnaire

Knowledge. Experience. Results.

Please answer all questions applicable to the client's medical history.

Producer Name_____ Phone _____ Date_____

Client Name_____ Date of Birth_____ ☐Male ☐Female

Face Amount _____ Max Premium $_____ /yr. ☐Term ☐Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐Yes ☐No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis_____

How was the client infected? _____ Current symptoms_____

The hepatitis has been diagnosed as

- ☐Acute Viral Hepatitis A Resolved
- ☐Acute Viral Hepatitis B Resolved
- ☐Chronic Active Hepatitis B Unresolved
- ☐Chronic Persistent Hepatitis C
- ☐Hepatitis A Unresolved
- ☐Chronic Persistent Hepatitis B Unresolved (e.g. carrier)
- ☐Acute Viral Hepatitis C
- ☐Chronic Active Hepatitis C
- ☐Other_____

Most current liver enzyme levels

Date	GGTP	ALT/SGPT	AST/SGOT	HBV RIBA	Anti HCV	HCV Viral Load	HB Viral Load

Which studies have been done to diagnose/treat the condition

- ☐Liver ultrasound Date_____ ☐Normal ☐Abnormal
- ☐CT scan Date_____ ☐Normal ☐Abnormal
- ☐MRI Date_____ ☐Normal ☐Abnormal
- ☐Biopsy Date_____ ☐Normal ☐Abnormal
- ☐Studies recommended/pending_____ Date planned_____

Has the client been treated for hepatitis? ☐Yes ☐No If treated, Begin date_____ End date_____

List all medications including those used in treatment_____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

Questions? Call Jim or Teresa at 877.564.1707.
Please email the completed form to jrmosel@moseleymcgill.com.

Moseley McGill BROKERAGE