



# INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

## *Liver Disorder Questionnaire*

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_  
Male ( ) Female ( ) Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker ( ) Non Smoker ( )  
Amount of Coverage \$ \_\_\_\_\_ Product Type \_\_\_\_\_

1. Type of liver disease (i.e. hepatitis, jaundice, fatty live, cirrhosis, etc.) If hepatitis, what kind? Type A, B, or C \_\_\_\_\_  
\_\_\_\_\_

2. Type of treatment, medical or surgical? Please provide dates of diagnosis and treatment. Please provide other details such as hospitalization, etc. \_\_\_\_\_  
\_\_\_\_\_

3. Was a liver biopsy done? If so, what were the results? \_\_\_\_\_  
\_\_\_\_\_

4. Are the current liver function tests normal? These are the SCOT, SGPT, and GGT readings. \_\_\_\_\_  
\_\_\_\_\_

5. Any indication of excessive alcohol usage? \_\_\_\_\_

### FAMILY HISTORY

Family Member	Age	If Living State of Health or Cause of Death	Age at Death
Father			
Mother			
Brother (s)			
Sister (s)			