## **HEPATITIS**

CLIENT NAME:			Date:		
☐ Male ☐ Female Date of birth: _					
			of nicotine product:		
Type of Coverage:  Term UL	· ·				
Coverage Amount:		mium:			
FAMILY HISTORY  Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  If yes, use separate sheet to provide this information, including age of onset and date of death					
PROPOSED INSURED'S EXISTING INSURANCE					
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?		
1. Date of first diagnosis:					
2. What type of hepatitis: □ A □ E	в □С				
3. Was the hepatitis due to:					
3. Was the nepatitis 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 AST/SGOT Date:	Date:				
Result:	nesuit	nesuit			
5. Does the client drink alcohol? $\Box$ N	lo				
6. Please check if any of the following	·				
□ Liver ultrasound or CT scan □ normal / □ abnormal □ Liver biopsy □ normal / □ abnormal					
$\square$ Liver biopsy $\square$ no $\square$ No further evaluation	niliai / 🗀 abiloliliai				
7. Has client been diagnosed with any of the following:   Chronic hepatitis   Cirrhosis					
7. Has chefit been diagnosed with any	or the following. — officine hopathic	Olimoolo			
8. Was there any treatment done? $\ \Box$	No ☐ Yes; what type?				
9. When did treatment start	and termina	ite	?		
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 h	ealth issues? (additional questionnai	res may be required) 🗆 No	☐ Yes; please give details		

## **FAMILY HISTORY (ADDENDUM)**

CLIENT NAME: Male □ Female Date of birth:					
□ Male □ Female Date of birtin.	neigiit	weight:			
1. Has the proposed insured had relative(s) with any of the following:					
☐ Parent  Has had: ☐ Cancer ☐ Diabetes  Age of onset:			☐ Other (explain below)		
☐ Brother			Other (explain below)		
Age of onset:			Utilet (explain below)		
☐ Sister  Has had: ☐ Cancer ☐ Diabetes			☐ Other (explain below)		
Age of onset:	Date of death:				
2. If yes to any of the above, please provide details/information					