



Liver Enzyme Elevation Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. How long has the proposed insured had elevated liver functions? _____

2. Provide details of recent liver enzyme function tests: _____

Date	GGTP	AST/SGOT	ALT/SGPT

3. If there is a prior history of elevated liver function test results, have these results been:

Stable Increasing Decreasing Fluctuating up and down Unknown

4. Is there any known cause for the elevated liver functions? Yes No

If yes, provide details: _____

5. Does the proposed insured consume any alcohol? Yes No

If yes, provide details: _____

6. Have the following tests been completed for the proposed insured?

<input type="checkbox"/> Hepatitis Panel (A,B,C)	<input type="checkbox"/> Normal: Date: _____	<input type="checkbox"/> Abnormal: Date: _____
<input type="checkbox"/> Liver Ultrasound/CT/MRI	<input type="checkbox"/> Normal: Date: _____	<input type="checkbox"/> Abnormal: Date: _____
<input type="checkbox"/> Liver Biopsy	<input type="checkbox"/> Normal: Date: _____	<input type="checkbox"/> Abnormal: Date: _____

7. Is the proposed insured currently taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____

FAX or E-MAIL to Donna Winterstine at 301-355-0429 / dwinterstine@bsibroker.com