

Hemochromatosis Questionnaire

Name: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **Sex:** M F

Tobacco Usage: _____ **Alcohol Amount:** _____

____Term 10 15 20 30 ____UL

1. When was hemochromatosis first diagnosed? _____

2. When the proposed insured was first diagnosed, how many blood draws (phlebotomies, venesections) were done in what time frame?

3. Is the proposed insured now on a regular blood draw schedule?
If yes, how often? If no, why not?

4. Are the proposed insured's liver function tests normal?
Date of most recent test: _____
 I was told all of my liver function tests were normal.
Test values were as follows:
GGTP: _____ SGOT/AST: _____ SGPT/ALT: _____

5. Have there been any abnormalities or affects on other organs or tissues?
If yes, please describe:

6. Is the proposed insured currently taking any medication for this condition, or any other? If yes, please provide name, dosage and frequency.

