

Liver Enzyme Elevation Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M F

Tobacco Usage: _____ Face Amount: _____
 _____ Term 10 15 20 30 _____ UL

1. Please provide details of recent liver enzyme function tests:

2. How long has the individual had elevated liver functions?
 _____ (months) _____ (years) _____ Conditions recently diagnosed

3. If there is 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?
 _____ No _____ Yes, the diagnosis is: _____

5. Does the proposed insured consume any alcohol?
 _____ No _____ Yes Please describe usage: _____

6. Please provide details of recent liver enzyme function tests:

<u>Date</u>	<u>GGTP</u>	<u>AST/SGOT</u>	<u>ALT/SGPT</u>

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

Hepatitis Panel (A,B,C)	Normal – Date:	Abnormal – Date:
Liver Ultrasound/CT/MRI	Normal – Date:	Abnormal – Date:
Liver Biopsy	Normal – Date:	Abnormal – Date:

8. Does the proposed insured take any medications, either over the counter or prescription? _____