



# Hepatitis C Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Give the date and results of the most recent liver enzyme tests:	<input type="checkbox"/> AST/SGOT: _____ <input type="checkbox"/> ALT/SGPT: _____ <input type="checkbox"/> GGTP: _____
Provide the date and results (normal, abnormal) of the following tests, if completed:	<input type="checkbox"/> Liver ultrasound or CT scan: _____ <input type="checkbox"/> Liver biopsy: _____ <input type="checkbox"/> Viral Load/HCV RNA (numeric value): _____
Does the client have active Hepatitis C or have they recovered?	
If the client has fully recovered, provide date of recovery:	
Does the client consume alcohol? If yes, provide amount and frequency:	
Has the client been treated with interferon or other anti-viral drugs? List all medications currently being taken (provide dosage and frequency):	
Has the client been diagnosed with any of the following? Check all that apply:	<input type="checkbox"/> Hepatitis A or B (circle one or both) <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Kidney disease or kidney failure <input type="checkbox"/> Cancer of liver or kidneys
Does the applicant have any other medical conditions?	

**Please return the completed form to your financial advisor.**

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.