

## Liver Tests Underwriting Questionnaire

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex  Male  Female Height/Weight \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_ Ever use nicotine products? \_\_\_\_\_

If yes, select type :  Cigarettes  Cigar  Chewing tobacco  Other: \_\_\_\_\_

Date last used \_\_\_\_\_ Frequency per month \_\_\_\_\_

Product Applying for:  Term  Universal Face Amount \_\_\_\_\_

1. What is your medical diagnosis and date diagnosed? \_\_\_\_\_

2. How long has this abnormality (elevated liver enzymes) been present? \_\_\_\_\_

3. Please give the date and result of the most liver enzyme tests

a) AST/SGOT Date: \_\_\_\_\_ Results: \_\_\_\_\_

b) ALT/SGPT Date: \_\_\_\_\_ Results: \_\_\_\_\_

c) GGTP Date: \_\_\_\_\_ Results: \_\_\_\_\_

d) ALP Date: \_\_\_\_\_ Results: \_\_\_\_\_

e) Billirubin Date: \_\_\_\_\_ Results: \_\_\_\_\_

4. Have these test results been:

Increasing  Decreasing  Fluctuating up and down  Stable  Unknown

5. Does the client drink alcohol?  No  Yes; note amount and frequency \_\_\_\_\_

Drinking pattern changed recently \_\_\_\_\_

6. Have you ever been diagnosed with any of the following, if yes provide details and complete the respective questionnaire:

Hepatitis  Chron's  Ulcerative colitis  Alcoholism  Drug Abuse

Details: \_\_\_\_\_

7. Have you ever had gall bladder problems?  No  Yes; details \_\_\_\_\_

8. Have you had any surgeries?  No  Yes; details \_\_\_\_\_

9. Please list all medications you are currently taking:

Name of Medication	Dosage	Reason

10. Please list name of physicians and date last seen:

Name of physician	Location	Date last seen

Please fax this form to MRW Financial Inc. 813-875-7331 or email to [marie@mrwfinancial.com](mailto:marie@mrwfinancial.com)