

ELEVATED LIVER FUNCTIONS QUESTIONNAIRE

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____

CLIENT INFORMATION:

PROPOSED INSURED: _____ DATE OF BIRTH: ___/___/___

MALE FEMALE STATE OF SALE: _____

OTHER COMPANY ACTIONS: RATED TABLE ___ POSTPONED DECLINED

OTHER COMPANY DETAILS: _____

HOW LONG HAS THIS ABNORMALITY BEEN PRESENT? _____ (YEARS)

PLEASE GIVE THE DATE AND RESULTS OF THE MOST RECENT LIVER ENZYME TESTS:

AST/SGOT: _____

ALT/SGPT: _____

GGTP: _____

ALKALINE PHOSPHATASE: _____

BILIRUBIN: _____

HAVE THESE RESULTS BEEN:

INCREASING DECREASING STABLE FLUCTUATING UNKNOWN

DOES THE PROPOSED INSURED DRINK ALCOHOL?

NO YES - PLEASE NOTE AMOUNT AND FREQUENCY: _____

DRINKING PATTERN CHANGED RECENTLY - PLEASE COMPLETE ALCOHOL QUESTIONNAIRE

IS THE PROPOSED INSURED TAKING ANY MEDICATIONS?

NO YES - PLEASE PROVIDE DETAILS: _____

PLEASE CHECK IF THE PROPOSED INSURED HAS HAD ANY FURTHER STUDIES FOR EVALUATION:

HEPATITIS A, B, OR C NORMAL ABNORMAL

IRON STUDIES NORMAL ABNORMAL

LIVER ULTRASOUND, CT SCAN, OR MRI NORMAL ABNORMAL

LIVER BIOPSY NORMAL ABNORMAL

NO FURTHER EVALUATIONS

DOES THE PROPOSED INSURED HAVE ANY OTHER MAJOR HEALTH PROBLEMS? NO YES

IF YES, PLEASE PROVIDE DETAILS: _____

HAS THE PROPOSED INSURED USED TOBACCO IN THE LAST 12 MONTHS? NO YES

IF YES, PLEASE GIVE DETAILS: _____

Please return via email at

PlusMarketing@pfnins.com



Visit our website at www.pfnins.com for additional sales tools.



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