Hepatitis

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ ☐ Male ☐ Female

Face Amount _____ Max Premium $ _____ /yr. ☐ Term ☐ Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

How was the client infected? _____ Current symptoms _____

The hepatitis has been diagnosed as

- ☐ Acute Viral Hepatitis A Resolved
- ☐ Acute Viral Hepatitis B Resolved
- ☐ Chronic Active Hepatitis B Unresolved
- ☐ Chronic Persistent Hepatitis C
- ☐ Hepatitis A Unresolved
- ☐ Chronic Persistent Hepatitis B Unresolved (e.g. carrier)
- ☐ Acute Viral Hepatitis C
- ☐ Chronic Active Hepatitis C
- ☐ Other _____

Most current liver enzyme levels

Date	GGTP	ALT/SGPT	AST/SGOT	HBV RIBA	Anti HCV	HCV Viral Load	HB Viral Load

Which studies have been done to diagnose/treat the condition

- ☐ Liver ultrasound Date _____ ☐ Normal ☐ Abnormal
- ☐ CT scan Date _____ ☐ Normal ☐ Abnormal
- ☐ MRI Date _____ ☐ Normal ☐ Abnormal
- ☐ Biopsy Date _____ ☐ Normal ☐ Abnormal
- ☐ Studies recommended/pending _____ Date planned _____

Has the client been treated for hepatitis? ☐ Yes ☐ No If treated, Begin date _____ End date _____

List all medications including those used in treatment _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.

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