



## 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

- |                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Acute Viral Hepatitis A Resolved      | <input type="checkbox"/> Hepatitis A Unresolved                                   |
| <input type="checkbox"/> Acute Viral Hepatitis B Resolved      | <input type="checkbox"/> Chronic Persistent Hepatitis B Unresolved (e.g. carrier) |
| <input type="checkbox"/> Chronic Active Hepatitis B Unresolved | <input type="checkbox"/> Acute Viral Hepatitis C                                  |
| <input type="checkbox"/> Chronic Persistent Hepatitis C        | <input type="checkbox"/> Chronic Active Hepatitis C                               |
| <input type="checkbox"/> 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

- |                                                            |            |                                 |                                   |
|------------------------------------------------------------|------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Liver ultrasound                  | Date _____ | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| <input type="checkbox"/> CT scan                           | Date _____ | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| <input type="checkbox"/> MRI                               | Date _____ | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| <input type="checkbox"/> Biopsy                            | Date _____ | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| <input type="checkbox"/> 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?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to [ddahl@mcgillbrokerage.com](mailto:ddahl@mcgillbrokerage.com), [tsimmons@mcgillbrokerage.com](mailto:tsimmons@mcgillbrokerage.com), and [gkay@mcgillbrokerage.com](mailto:gkay@mcgillbrokerage.com).