



Liver Enzymes

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 _____

Details of recent liver enzyme function tests

Date	GGTP	AST/SGOT	ALT/SGPT

How long has the client had elevated liver functions? _____ Months _____ Years Condition recently diagnosed

If there is a prior history of elevated liver function test results, have these results been
 Stable Increasing Decreasing Fluctuating up and down Unknown

Is there any known cause for the elevated liver functions?
 No Yes, the diagnosis is _____

Alcohol usage
 No Yes (provide frequency, quantity, type) _____

Have the following tests been completed for the client

<input type="checkbox"/> Hepatitis Panel (A, B, C)	Normal (date) _____	Abnormal (date) _____	Results _____
<input type="checkbox"/> Liver Ultrasound/CT/MRI	Normal (date) _____	Abnormal (date) _____	Results _____
<input type="checkbox"/> Liver biopsy	Normal (date) _____	Abnormal (date) _____	Results _____

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

List any other major health problems the client has: