



Hemochromatosis

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 _____

What organs are involved (select all that apply)

Liver Pancreas (Diabetes) Joints Heart Pituitary

Date of last phlebotomy treatment _____ Was a liver biopsy or ultrasound done? Yes No **If yes, provide a copy**

If available, provide the most recent results for

Serum ferritin _____ Iron level _____ AST _____ ALT _____

| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
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List any other major health problems the client has: