

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: _____

1. How long has this abnormality (elevated liver enzymes) been present? _____

2. Please give the date and results of the most recent liver enzyme tests.

- a) AST/SGOT Date: _____
- b) ALT/SGPT Date: _____
- c) GGTP Date: _____
- d) ALP Date: _____
- e) Billirubin Date: _____

3. Have these results been

- Increasing
- Decreasing
- Fluctuating up and down
- Stable
- Unknown

4. Does client drink alcohol? (answer all that apply)

- No Yes; please note amount and frequency _____
- Drinking pattern changed recently _____

5. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Are there any other health problems? (additional questionnaires may be required) No Yes; please give details

