

Liver Enzymes Quote Request

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When where your Elevated Liver Enzymes first diagnosed? _____
Date(s) of most recent Laboratory evaluation(s) _____

Results of most recent Liver Enzyme Tests
AST/SGOT _____ ALT/SGPT _____ GGTP _____

Have you ever drunk alcohol in excess? Y N
If YES Please Explain _____

Do you drink alcohol today? Y N
If YES Please explain Amount and Frequency _____

Have you had any of the following studies?
Hepatitis A, B, or C Y N Results Normal? Y N Date of Study _____
Liver Ultrasound or CT Scan Y N Results Normal? Y N Date of Study _____
Liver Biopsy Y N Results Normal? Y N Date of Study _____
Any other evaluations? Y N Results Normal? Y N Date of Study _____

What have been your recent Blood Pressure readings? _____ Cholesterol _____

Do you have Diabetes? Y N When Diagnosed? _____
If YES, what medication are you taking? _____

Do you have any Family History of Heart Disease or Diabetes? _____

What Lifestyle Changes have you made to treat your illness? _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: cancer, etc)? _____

Broker Submitting Questionnaire: _____
Address _____
Phone: _____ FAX: _____ E-mail: _____

Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com