

HEPATITIS QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: _____ DOB: _____

1. What was the first inclination that the client may have hepatitis? _____

2. What studies were performed to have the diagnosis of hepatitis? _____

3. What type of hepatitis does the proposed insured have? _____

4. Is the hepatitis due to alcohol or drugs (if so, please complete those appropriate questionnaires also)? _____

5. Does the proposed insured know what his liver function tests are currently, if so, please indicate below? _____

6. What is the name and address of the physician? _____

7. When was the last biopsy done for hepatitis? _____

8. Are there any other impairments involved? _____

9. Is the client on any medications, if so, please indicate below? _____

10. Has the client ever had any transfusions? _____
11. Has the client been advised not to give blood in the past? _____
12. Has the client ever lost any time from work due to hepatitis? _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

Please circle the associate you work with. Russ, Rhonda, Leo