

LIVER FUNCTION QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: _____ DOB: _____

1. When did you first notice you had elevated liver function studies? _____

2. What prompted you to go to your physician? _____

3. What is the name of your physician? _____

4. Do you know what your current liver function studies are? _____

5. What studies were completed to diagnosis your elevated liver functions? _____

6. When was your last study completed and results if you know them? _____

7. Are you presently on any medication, if so, please note below? _____

8. Have you ever been diagnosed with hepatitis, crohns, ulcerative colitis, alcoholism or had a drug problem, if so, please explain below? _____

9. Have you ever had a gall bladder problem in the past? _____

10. Have you ever had any surgeries in the past? _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

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