



INSURANCE DESIGNERS

Insurance Designers of Central Texas, LLC

Hepatitis Questionnaire

12466 Los Indios Trail #100 Austin, TX 78729
Phone 512-257-9700 FAX 512-257-9701

Today's Date: _____ Agent: _____
 Full Name: _____ Male or Female? _____
 Height and weight: _____ Date of Birth: _____

1. Month and year diagnosed: _____ Age at diagnosis: _____
2. Type of hepatitis ___ A ___ B ___ C
3. Have you been diagnosed with Chronic Hepatitis ___ Yes ___ No Date: _____
 Have you been diagnosed with Cirrhosis? ___ Yes ___ No Date: _____

4. What are the results and of your most recent liver enzyme test?

Please call your doctor and ask if you are not sure.

AST/SGOT _____ Date: _____
 ALT/SGPT _____ Date: _____
 GGTP _____ Date: _____

Have your results gotten better over time, gotten worse over time, or stayed the same?

5. How often do you get a liver enzyme test?
6. Do you currently drink alcohol? ___ Yes ___ No
 If yes, type, amount, frequency: _____

7. Have any of the following studies been completed?

Note: If you are able to fax us a copy of this, it will help us get the most accurate tentative quote.

___ Liver ultrasound Date: _____
 ___ CT scan Date: _____
 ___ Liver biopsy Date: _____

8. Was there any treatment done? ___ Yes ___ No
 If yes, what type?

9. When did treatment start (month and year) and terminate (month and year)?

10. Was treatment successful in eliminating the virus? ___ Yes ___ No

11. What medication do you take, reason, dosage and how often?

12. Has your weight remained stable in the past year? ___ Yes ___ No
If no: Lost _____ pounds OR Gained _____ pounds

13. Please indicate type of tobacco EVER used:

| Type: | Amount per (circle frequency): | Date last used: | Still use? |
|----------------|--------------------------------|-----------------|----------------|
| ___ Smokeless | ___ daily/monthly/yearly | _____ | ___ Yes ___ No |
| ___ Cigarettes | ___ per day/month/year | _____ | ___ Yes ___ No |
| ___ Cigar | ___ per day/month/year | _____ | ___ Yes ___ No |
| ___ Patch/Gum | ___ per day/month/year | _____ | ___ Yes ___ No |