

Underwriting Questionnaire

Hemochromatosis

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____

What organs are involved (select all that apply)

Liver Pancreas (Diabetes) Joints Heart Pituitary

Date of last phlebotomy treatment _____ Was a liver biopsy or ultrasound done? Yes No *If yes, provide a copy*

If available, provide the most recent results for

Serum ferritin _____ Iron level _____ AST _____ ALT _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: