Underwriting Questionnaire **Hemochromatosis**

Producer Name	Pho	one	Date	_
Client Name	Dat	e of Birth		
☐ Male ☐ Female F	ace Amount	Max Premi	um \$ /yr.	
\square Term \square Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? \square Yes \square No				
Frequency	uency 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? \[\subseteq Yes \text{No} \text{If yes, provide a copy} \]				
If available, provide the most recent results for				
Serum ferritin	Iron level	AST	ALT	
Name of Medication (p	rescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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