

# 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: